



COUNTY BOROUGH OF GRIMSBY

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# ANNUAL REPORT

OF THE  
**Medical Officer of Health**

FOR THE YEAR

**1968**

---

INCLUDING REPORT ON THE  
**SCHOOL HEALTH SERVICE**



4

M.O.H. Annual report C. B. Grimsby ... 1968

Miss M. H. Bruce

C401

16 JUL 1970

28 JUL 1968





**COUNTY BOROUGH OF GRIMSBY**

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**SCHOOL HEALTH SERVICE**

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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1968)

The Worshipful the Mayor  
(COUNCILLOR T. W. SLEEMAN, J.P.)

*Chairman*  
COUNCILLOR A. NEILSON

*Deputy Chairman*  
COUNCILLOR P. D. CROWLEY

*Aldermen*

A. BRADLEY	MRS. M. LARMOUR
J. H. FRANKLIN, O.B.E.	E. W. MARSHALL
F. G. GARDNER	A. C. PARKER

*Councillors*

P. M. BARKER	P. H. KALE
A. BOVILL	K. PRESCOTT
F. P. COULT	F. J. SHINNER
MRS. F. E. FRANKLIN, J.P.	MRS. L. TRAYER
L. GOSTELOW	MRS. M. E. TUXWORTH
D. IMISON	W. E. WILKINS

*and the following Co-opted Members :*

MR. P. MASTIN	MR. C. W. SPENDELOW
MR. G. F. RATHMELL	DR. J. M. WILKIN

## SUB-COMMITTEE OF THE HEALTH COMMITTEE

## MENTAL HEALTH :

COUNCILLOR A. NEILSON (*Chairman*); COUNCILLOR P. D. CROWLEY (*Deputy Chairman*); ALDERMEN BRADLEY AND MRS. LARMOUR; COUNCILLORS MRS. FRANKLIN, GOSTELOW, KALE, PRESCOTT, MRS. TRAYER AND MRS. TUXWORTH.

*Co-opted Members* :—MESDAMES G. R. BERRETT, A. BOVILL AND J. M. R. HART; MR. N. FRAME.

## STAFF OF THE HEALTH DEPARTMENT, 1968

### MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

R. GLENN, M.B., B.Ch., B.A.O., D.P.H.

### DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

R. G. HAUGHIE, M.B., Ch.B., D.P.H.

### ASSISTANT MEDICAL OFFICERS OF HEALTH AND SCHOOL MEDICAL OFFICERS

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

J. BUCKINGHAM, M.B., Ch.B., D.P.H.

ANNE DOCKER, M.B. Ch.B.

### CHIEF PUBLIC HEALTH INSPECTOR

A. MANSON, M.A.P.H.I. 1, 2

### PUBLIC HEALTH INSPECTORS

S. DAVIES, B.Sc. (Aston), D.M.A., 1, 2, 3  
(*Deputy Chief Inspector*)

W. W. REED, 1, 2 (*Senior Inspector*)

R. FARNWORTH, 1, 2, 3 (*Senior Inspector*)

R. R. LINCOLN, 1, 2, 3 (*Senior Inspector*)

S. MASTIN, 1, 2

M. HUTCHINSON, 4 (to 31.8.68)

L. SAUNBY, 4 (to 31.8.68)

B. K. OVERTON, 4 (to 4.5.68)

D. ANDERSON (*Authorised Meat Inspector*)

A. H. BELLAMY (*Authorised Meat Inspector*)

T. H. R. JOHNSON (*Drainage Assistant*)

R. W. CRAMPTON (*Technical Assistant*)

B. THAXTER (*Technical Assistant*)

M. J. DAVIE (*Pupil and Technical Assistant*)

A. DOUGLAS (*Pupil*)

D. J. HARTLEY (*Pupil*)

### PRINCIPAL NURSING OFFICER

MRS. I. HALDANE, 5, 6, 7 (from 1.11.68)

### HEALTH VISITORS

MRS. I. HALDANE, 5, 6, 7 (*Superintendent*) (to 31.10.68)

MISS I. R. ADAMSON, 5, 6, 7

MISS M. C. BAGG, 5, 6, 7

MISS J. BELL, 5, 6, 7

MISS H. BRAGG, 5, 6, 7 (Retired 31.10.68)

MRS. M. DAWSON, 5, 6, 7

MRS. M. E. JOHNSON, 5, 6, 7

(from 22.1.68)

MRS. M. B. KOZLOWSKI, 5, 6, 7

MISS H. C. NUNNS, 5, 6, 7

MISS V. A. PAYNE, 5, 6 (*Trainee*)  
(from 1.10.68)

MRS. J. D. M. RICHARDS, 5, 6, 7

MRS. I. M. STOREY, 5, 6, 7

MISS E. M. TIPPLER, 5, 6, 7

### TUBERCULOSIS VISITORS

MISS D. ATKIN, 5, 6, 7

MRS. P. STRIDE, 5\* (from 15.7.68)

MRS. M. E. POUT, 5\* (to 16.2.68)

### CLINIC NURSES

MRS. S. GARROD

MRS. M. COLEMAN, 5\*

MRS. G. WHITEHALL, 5\*

### HOME NURSING SERVICE

MISS F. ENGLEADOW, 5, 6, 7 (*Superintendent*) (Retired 31.10.68)  
and staff of 16 nurses and 3 part-time bathing attendants

### MUNICIPAL MIDWIVES

MISS F. ENGLEADOW (*Non-Medical Supervisor*) (Retired 31.10.68)

MISS E. BAXTER, 5, 6

MISS G. A. BAXTER, 5, 6

MRS. C. BEDFORD, 5, 6

MRS. C. E. CALTHORPE, 5, 6 (to 29.2.68)

MISS D. M. DAWSON, 5, 6\*

MRS. C. DAY, 5, 6

MRS. K. G. GILMOUR, 5, 6

MISS J. ORREY, 5, 6

MRS. C. WESTCOTT, 5, 6

MRS. J. YEOMANS, 6

**MENTAL WELFARE OFFICERS**

MISS E. M. WOULD (*Chief*)  
 L. C. RACKHAM  
 MRS. J. V. STRINGER  
 E. H. NUTTER

H. FARROW  
 MISS J. C. FRIDLINGTON  
 E. TILLING (*Instructor*) (to 20.9.68)  
 P. G. LAWE (*Trainee*) (from 16.9.68)

**JUNIOR TRAINING CENTRE**

MISS E. PATERSON, *Supervisor*  
 MISS H. M. BARKER  
 MISS C. A. BRADLEY (from 3.9.68)  
 MRS. J. M. BRYANT  
 MRS. A. E. GORRINGE

MRS. J. LOWIS (to 23.8.68)  
 MISS A. C. ROE  
 MRS. C. M. WARD  
 MRS. A. Y. WESTWOOD  
 MISS E. HARWOOD (*Trainee*) (from 3.9.68)

**ADULT TRAINING CENTRE**

F. J. HERDMAN (*Manager*) (from 3.9.68)  
 K. Von-Stein (*Temporary Deputy Manager*) (from 2.12.68)

MISS J. D. WILSON (*Instructor*)  
 (from 10.10.68)  
 MISS H. CARR (*Instructor/Cook*)  
 (from 24.9.68)

**AMBULANCE SERVICE**

J. A. WHITE, Ambulance Officer, and staff of 36

**DOMESTIC HELP**

MISS L. BLACKBURN (*Organiser*)  
 MRS. E. M. I. CROME (*Deputy Organiser*)

**ADMINISTRATIVE AND CLERICAL STAFF**

W. R. GALE (*Chief Administrative Assistant*)  
 D. AMERY (*Administrative Assistant*)  
 P. T. KITCHING

MISS L. LEAK  
 MISS P. NESLEN  
 MISS C. L. BUTTERFIELD

**PUBLIC HEALTH INSPECTOR'S SUB-DEPARTMENT**

S. NASH (*Senior*)  
 MRS. M. BROWN  
 MISS S. C. BARBER

MRS. E. AKESTER (to 22.3.68)  
 MISS K. F. WRIGHT (from 6.5.68)

**MATERNAL AND CHILD WELFARE SERVICE**

MRS. J. A. POTTER (*Senior*)  
 MRS. R. EARLEY  
 MRS. I. SMITH (*Welfare Foods*)

MISS W. F. MOODY (*Welfare Foods*)  
 MRS. E. DUMELOW\*  
 MRS. B. M. EVANS\*

**MENTAL HEALTH SERVICE**

MISS C. OWEN (to 8.8.68)  
 MISS R. V. COE (from 5.8.68)

MRS. D. I. CUTTING

**DOMESTIC HELP SERVICE**

MRS. J. H. KYME  
 MRS. R. A. ENGLAND (from 30.12.68)

MRS. A. M. DADD (to 24.12.68)

**AMBULANCE SERVICE**

MRS. P. BEALEY  
 MISS J. SPRINGALL (from 12.2.68 to 20.9.68)

MISS B. A. TAZZYMEN (to 2.2.68)  
 MISS K. R. DURRANT (from 14.10.68)

**HOME NURSING SERVICE**

MRS. G. FERNIE (from 1.3.68)

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\* Part-time appointment

1. Public Health Inspector's Certificate
2. Meat Inspector's Certificate
3. Smoke Inspector's Certificate
4. Public Health Inspector's Diploma
5. State Registered Nurse
6. State Certified Midwife
7. Health Visitor's Certificate

## INTRODUCTION

To the Mayor, Aldermen and Councillors of Grimsby County Borough.

I have the honour to present the statutory Annual Report on the health of the Borough for 1968.

The vital statistics again confirm the fact that the health of the community continues to be most satisfactory, enjoying a higher than national average birth rate and a slightly lower than average death rate.

Infant mortality showed a slight decrease on last year's figure, but vigilance cannot be relaxed as the greatest threat to survival in the first year of life is cross infection and prematurity. The infant death rate for the illegitimate was twice that of the very low figure for last year and was chiefly caused by congenital defects (four of the total of six deaths).

The list of notifiable diseases was amended during the year, but it is pleasing to record no serious outbreaks. It was expected to be a "measles year," but the number of cases notified was about half of that for 1967, which one hopes was due to the introduction of the new vaccine.

Meningococcal meningitis again showed no contact between cases and all happened in the winter quarter. Dysentery showed a slight increase, as did the number of contacts excluded from food handling. Here again these results can only be obtained by diligent follow up of each case. This is very essential in Grimsby, which is now a large centre of food production as well as imported foods.

There were no food poisoning outbreaks in the community, which is very creditable to all concerned in the catering and retail food business.

Infective jaundice is now notifiable and because of possible liver damage is receiving much more attention than formerly.

Once more there were no cases of diphtheria or poliomyelitis, and again the importance of keeping up with immunisation is stressed. The absence of an epidemic tends to make some mothers careless about getting their children protected, while some younger parents have never even heard of diphtheria!

Deaths from lung cancer showed a slight decrease in males but an increase in females. If the ladies continue to increase their cigarette smoking there will not be so many widows, but they should try and curb their husbands and prevent their children from taking up the smoking habit. Likewise, the emotional demand for cervical cytology has disappeared and the response is extremely disappointing. It is paradoxical that these easily preventable cancers and the fluoridation of water, while technically easy to do, in practice are most difficult to get across to the public.

The Ambulance Service has had another busy year and while the number of cases carried remains almost static there is a significant increase in stretcher cases and out of town journeys, which stretches the service to its limits and means a greater amount of overtime.

The Home Nursing and Home Help Services continue struggling to cope with greater numbers of aged people needing their aid.

More and more mothers are having their babies in hospital and it is difficult to find enough cases on the district for pupil midwives. The new Act has left



open the way for closer co-operation with maternity hospitals, which has been long overdue.

Our splendid new Adult Training Centre, ready for occupation in October, was the highlight of the year in the Mental Health Section. The other aspects remain as before.

I am always grateful for the willing co-operation of colleagues not only in local government but in the many other sections of the Health Services. It is a pleasure to record my happy relations with the Health Committee, and my thanks to the staff for their good service despite being hard pressed due to the shortage of personnel.

R. GLENN,  
Medical Officer of Health.

Health Department,  
Queen Street,  
GRIMSBY.  
May, 1969.

## PART 1.—STATISTICS AND SOCIAL CONDITIONS

Table 1.—Vital Statistics of the whole Borough during 1968 and previous years.

YEAR 1	Total Popula- tion estimated to middle of each year 2	Births			Total Deaths Registered in the District		Transferable Deaths		Net Deaths belonging to the District			
		Un- corrected Number 3	Net		Number 6	Rate 7	of Non- residents registered in the District 8	of Resi- dents not registered in the District 9	Under 1 Year of Age		At all Ages	
			Number 4	Rate 5					Number 10	Rate per 1,000 Net Births 11	Number 12	Rate 13
1901	63,430	—	2048	32.4	1065	16.8	27	—	379	185	1038	16.4
1911	74,950	—	2128	28.4	1109	14.8	61	44	328	154	1092	14.5
1921	82,330	—	2173	26.4	980	11.9	55	55	222	102	980	11.9
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61.0	1110	12.0
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57.7	1108	14.0
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0
1958	96,380	1724	1829	18.9	1226	12.7	267	85	46	25.1	1044	10.9
1959	97,110	1800	1858	19.1	1156	11.9	248	104	41	22.0	1012	10.4
1960	97,030	1857	1909	19.6	1211	12.5	270	91	48	25.1	1032	10.6
1961	96,520	1821	1989	20.6	1236	12.8	280	82	43	21.6	1038	10.7
1962	96,780	2013	2031	21.0	1376	14.2	321	98	48	23.6	1153	11.9
1963	96,350	2017	1939	20.1	1284	13.4	308	101	37	19.1	1077	11.2
1964	95,300	2037	1960	20.5	1280	13.4	293	112	30	15.3	1099	11.5
1965	95,150	1890	1834	19.3	1283	13.5	297	100	31	16.9	1086	11.4
1966	95,030	1929	1794	18.9	1246	13.1	309	106	47	26.2	1043	10.9
1967	95,110	1887	1816	19.1	1301	13.7	321	105	41	22.6	1085	11.4
1968	97,030	1841	1762	18.2	1275	13.2	345	122	36	20.4	1052	10.9

Population at Census of 1951

.. 94,557

Population at Census of 1961

.. 96,665

## SUMMARY OF STATISTICS

Area (in acres)—including foreshore .....	7,530
Registrar General's estimate of population, mid-1968 .....	97,030
No. of inhabited houses (end of 1968) according to Rate Books ...	30,655
Rateable value at 1st April, 1968 .....	£4,182,515
Sum represented by a penny rate product, 1968/69 .....	£17,317

## Live births :—

	Males	Females	Total
Legitimate .....	786	764	1,550
Illegitimate .....	101	111	212
	<u>887</u>	<u>875</u>	<u>1,762</u>

Live birth rate per 1,000 population .....	18.2
Adjusted live birth rate (area comparability factor 1.02) .....	18.6
Illegitimate live births (per cent. of total live births) .....	12.0

## Stillbirths :—

	Males	Females	Total
Legitimate .....	12	11	23
Illegitimate .....	—	1	1
	<u>12</u>	<u>12</u>	<u>24</u>

Stillbirths rate per 1,000 total live and stillbirths .....	13.4
Total live and stillbirths .....	1,786

## Infant deaths :—

	Males	Females	Total
Legitimate .....	19	11	30
Illegitimate .....	4	2	6
	<u>23</u>	<u>13</u>	<u>36</u>

## Infant mortality rates :—

Total infant deaths per 1,000 total live births .....	20.4
Legitimate infant deaths per 1,000 legitimate live births .....	19.3
Illegitimate infant deaths per 1,000 illegitimate live births .....	28.3
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births) .....	13.0
Early neo-natal mortality rate (deaths under one week per 1,000 total live births) .....	13.0
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths) .....	26.3
Maternal mortality (including abortion) :—	
Number of deaths .....	Nil
Deaths (Males 530; Females 522) .....	1,052
Death Rate .....	10.9
Adjusted death rate (area comparability factor 1.08) .....	11.8

	No.	Rate
Deaths from measles .....	1	0.01
„ „ whooping cough .....	—	—
„ „ diphtheria .....	—	—
„ „ respiratory tuberculosis .....	3	0.03
„ „ other tuberculosis .....	2	0.02
Total tuberculosis deaths .....	5	0.05
Deaths from cancer .....	219	2.27
„ „ influenza .....	9	0.09



**Area of County Borough.**—The Grimsby Order, 1967, made by the Minister of Housing and Local Government as part of the \*Lincolnshire and East Anglia General Review Area, extended by 1,270 acres the area of the County Borough of Grimsby, so as to include as from the 1st April, 1968, parts of the Parishes of Great Coates, New Waltham, Waltham and Weelsby.

\* *Carried out by the Local Government Commission for England under the Local Government Act, 1958.*

**Population.**—(Table 1, page 10). Consequent upon the Order referred to above, the population of the County Borough was also increased by 1,620 on the 1st April, and the official population figure, as published in the Registrar General's 'Annual Estimates of the Population of England and Wales and of Local Authority Areas, 1968' is given as 97,030.

However, for calculating the rates for statistical purposes in this Report, the Registrar General's adjusted population for mid-1968 of 96,630, which is a weighted average of the mid-year population of the area as situated before and after the change, has been used.

**Births.**—(Table 1, page 10). The number of live births registered was 1,762 (887 males and 875 females), giving a birth rate of 18.2 per thousand of the population, compared with 16.9 for England and Wales.

The following table gives a comparison of the birth rates for Grimsby for the last decennium with those for England and Wales :—

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
England and Wales	16.5	17.2	17.6	18.0	18.2	18.5	18.1	17.7	17.2	16.9
Grimsby	19.1	19.6	20.6	21.0	20.1	20.5	19.3	18.9	19.1	18.2

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.02) was 18.6.

Two hundred and twelve (12 per cent) of the live births were illegitimate.

**Stillbirths.**—There were 24 stillbirths registered, which gives a rate of 0.25 per thousand of the population. The rate expressed per thousand total live and still births was 13.4; for England and Wales it was 14.

**Deaths.**—(Tables 1 and 2, pages 10 and 14). Deaths of Grimsby residents totalled 1,052 (530 males and 522 females), equal to a death rate of 10.9, compared with 11.9 for England and Wales.

The cause of death in age periods compiled from figures supplied by the Registrar General are recorded in Table 2, while the following gives the death rates for Grimsby for the last decennium, compared with those for England and Wales :—

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
England and Wales	11.6	11.5	11.9	11.9	12.2	11.3	11.5	11.7	11.2	11.9
Grimsby	10.4	10.6	10.7	11.9	11.2	11.5	11.4	10.9	11.4	10.9

The adjusted rate for Grimsby (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.08) was 11.9.

A total of 725 persons—residents and non-residents—died in institutions in the Borough, equivalent to 56.9 per cent of the total deaths (1,275) registered. The percentage last year was 52.

Six hundred (57 per cent) of the deaths of Grimsby residents related to persons 70 years of age and upwards, compared with 640 and 59 per cent respectively in 1967, the numbers at age periods being :—

	Males	Females	Total
Between 70 and under 75 years .....	79	66	145
Between 75 and under 80 years .....	70	84	154
Between 80 and under 85 years .....	60	80	140
Between 85 and under 90 years .....	31	74	105
90 years and over .....	15	41	56

**Infant Mortality.**—(Table 3, page 15). There were 36 deaths under one year of age, giving an infant mortality rate of 20.4 per thousand live births; for England and Wales it was 18.

The infant mortality rate per thousand legitimate live births was 19.3, and illegitimate live births 28.3.

**Neo-natal Mortality.**—Of the 36 deaths recorded above, 23 were of infants under four weeks, equivalent to a rate of 13.0 per thousand live births, compared with 12.4 for England and Wales.

There were also 23 deaths of infants under one week, which gives an early neo-natal mortality rate of 13.0 per thousand live births; for England and Wales it was 10.5.

**Perinatal Mortality.**—The perinatal mortality rate is the combined number of stillbirths and deaths of infants under one week expressed as a rate per thousand total live and still births.

In 1968 there were 24 stillbirths and 23 deaths in the first week of life, giving a perinatal mortality rate of 26.3; for England and Wales it was 25.

The following table gives a summary of the various infant mortality rates in the past ten years :—

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Infant Mortality	22.0	25.1	21.6	23.6	19.1	15.3	16.9	26.2	22.6	20.4
Neo-natal Mortality	13.4	15.2	14.6	13.3	11.3	9.7	13.1	16.7	13.2	13.0
Early Neo-natal Mortality	12.9	12.0	13.5	11.3	9.8	7.6	11.4	15.0	12.1	13.0
Perinatal Mortality	34.7	40.2	31.6	23.8	29.3	22.6	28.4	36.5	28.2	26.3
Stillbirth	22.1	28.5	18.2	12.6	19.7	15.0	17.1	21.8	16.2	13.4

**Maternal Mortality.**—There were no deaths of Grimsby residents from pregnancy, childbirth or abortion during the year.

**State of Employment.**—The Manager of the Ministry of Labour Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area, which covers Grimsby, Cleethorpes and Grimsby Rural District. Separate figures are not available.

Total live register in January, 1968 (Males 2,168; females 145) 2,313

Total live register in July, 1968 (Males 1,546; females 103) ... 1,649

Total live register in December, 1968 (Males 1,827; females 112) 1,939

These figures exclude severely disabled persons requiring employment under sheltered conditions, but include youth employment and temporarily stopped claimants.



**Rainfall.**—The total rainfall recorded during the year was 26.26 inches (22.60 in 1967), the heaviest fall being 1.95 inches on the 10th July.

**Table 2—Causes of and Ages at Death during the Year 1968**  
(as compiled from figures supplied by the Registrar General)

CAUSE OF DEATH	All Ages			Under 1-yr.	Age in Years										
	Total	Males	Fem		1-	5-	15-	25-	35-	45-	55-	65-	75-		
All Causes ... ..	1052	530	522	36	8	2	11	11	37	71	162	259	455		
Enteritis and other Diarrhoeal Diseases ... ..	2	—	2	—	1	—	—	—	—	—	1	—	—		
Tuberculosis of Respiratory System ... ..	3	2	1	—	—	—	—	—	—	—	2	—	1		
Other Tuberculosis, incl. Late Effects ... ..	2	1	1	—	—	—	—	—	—	—	—	—	2		
Meningococcal Infection ... ..	1	—	1	—	—	1	—	—	—	—	—	—	—		
Measles ... ..	1	1	—	—	1	—	—	—	—	—	—	—	—		
Other Infective and Parasitic Diseases ... ..	4	2	2	3	—	—	—	—	—	—	—	1	—		
Malignant Neoplasm — Stomach	31	21	10	—	—	—	—	—	—	5	4	13	9		
do. — Lung, Bronchus	52	38	14	—	—	—	—	—	1	8	20	16	7		
do. — Breast	16	—	16	—	—	—	—	—	3	2	8	3	—		
do. — Uterus	12	—	12	—	—	—	—	—	1	2	3	6	—		
Leukaemia ... ..	5	1	4	—	—	—	—	—	1	—	4	—	—		
Other Malignant Neoplasms, etc.	103	47	56	—	—	—	1	2	3	15	27	27	28		
Benign & Unspecified Neoplasms	7	7	—	—	—	—	—	—	1	—	2	2	2		
Diabetes Mellitus ... ..	4	1	3	—	—	—	—	—	—	—	—	2	2		
Other Endocrine etc. Diseases	6	2	4	—	2	—	—	—	—	1	1	2	—		
Anaemias ... ..	1	—	1	—	—	—	—	—	—	—	—	1	—		
Mental Disorders ... ..	3	1	2	—	—	—	—	—	—	—	—	1	2		
Meningitis ... ..	3	1	2	1	1	—	—	—	—	—	—	—	1		
Other Diseases of Nervous System, etc. ... ..	5	3	2	—	1	—	—	1	—	1	—	1	1		
Chronic Rheumatic Heart Disease	14	2	12	—	—	—	—	—	1	2	4	6	—		
Hypertensive Disease ... ..	25	14	11	—	—	—	—	—	3	—	3	6	13		
Ischaemic Heart Disease ... ..	220	127	93	—	—	—	—	—	9	11	34	62	104		
Other Forms of Heart Disease	74	28	46	—	—	—	—	—	3	5	3	14	49		
Cerebrovascular Disease ... ..	119	42	77	—	—	—	—	2	—	4	14	28	71		
Other Diseases of Circulatory System ... ..	48	19	29	—	—	—	—	—	1	3	3	13	28		
Influenza ... ..	9	7	2	—	—	—	—	—	—	—	2	3	4		
Pneumonia ... ..	59	25	34	3	—	1	—	—	—	2	4	11	38		
Bronchitis and Emphysema ... ..	69	50	19	1	—	—	—	—	1	1	12	22	32		
Asthma ... ..	3	2	1	—	—	—	2	—	1	—	—	—	—		
Other Diseases of Respiratory System ... ..	21	12	9	5	—	—	—	2	—	1	1	1	11		
Peptic Ulcer ... ..	9	7	2	—	—	—	—	—	1	—	1	1	6		
Intestinal Obstruction and Hernia	8	3	5	—	—	—	—	—	1	—	—	2	5		
Other Diseases of Digestive System ... ..	15	6	9	—	—	—	—	—	1	—	1	5	8		
Nephritis and Nephrosis ... ..	5	2	3	—	—	—	—	1	—	1	2	1	—		
Hyperplasia of Prostate ... ..	6	6	—	—	—	—	—	—	—	—	—	4	2		
Other Diseases, Genito-Urinary System ... ..	12	7	5	—	—	—	—	—	—	—	2	1	9		
Diseases of Musculo-Skeletal System ... ..	3	—	3	—	—	—	—	—	—	—	—	1	2		
Congenital Anomalies ... ..	8	4	4	7	—	—	—	—	1	—	—	—	—		
Birth Injury, Difficult Labour, etc.	3	3	—	3	—	—	—	—	—	—	—	—	—		
Other Causes of Perinatal Mortality ... ..	13	9	4	13	—	—	—	—	—	—	—	—	—		
Symptoms and Ill-Defined Conditions ... ..	10	1	9	—	—	—	—	—	—	—	—	—	10		
Motor Vehicle Accidents ... ..	14	10	4	—	2	—	5	—	1	3	1	1	1		
All Other Accidents ... ..	16	9	7	—	—	—	2	—	1	2	3	2	6		
Suicide and Self-Inflicted Injuries	6	5	1	—	—	—	—	2	2	2	—	—	—		
All Other External Causes ... ..	2	2	—	—	—	—	1	1	—	—	—	—	—		

**Table 3.—Infantile Mortality during the year 1968.**

Nett Deaths from stated Causes at various Ages under 1 Year of Age.

CAUSES OF DEATH	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 4 weeks	1—3 months	3—6 months	6—9 months	9—12 months	Total Deaths under 1 Year
<b>All Causes</b>	23	—	—	—	23	10	3	—	—	36
Other infective and parasitic diseases .. ..	—	—	—	—	—	—	3	—	—	3
Inflammatory diseases of central nervous system	1	—	—	—	1	—	—	—	—	1
Pneumonia .. ..	1	—	—	—	1	2	—	—	—	3
Bronchitis .. ..	—	—	—	—	—	—	1	—	—	1
Other respiratory diseases	—	—	—	—	—	3	2	—	—	5
Congenital malformations of heart .. ..	3	—	—	—	3	2	—	—	—	5
Congenital malformations of genito-urinary system	1	—	—	—	1	—	—	—	—	1
Other congenital malformations .. ..	1	—	—	—	1	—	—	—	—	1
Injury at birth .. ..	1	—	—	—	1	—	—	—	—	1
Post-natal asphyxia and atelectasis .. ..	1	—	—	—	1	—	—	—	—	1
Immaturity without mention of disease .. ..	14	—	—	—	14	—	—	—	—	14
<b>Totals .. ..</b>	23	—	—	—	23	10	3	—	—	36

## PART II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

### NOTIFIABLE INFECTIOUS DISEASES

The age and sex distribution of the total cases of notifiable diseases (other than tuberculosis) reported during 1968 is set out in Table 4 on page 17.

The Public Health (Infectious Diseases) Regulations, 1968, made under Part III of the Health Services and Public Health Act, 1968, came into operation on the 1st October. All provisions governing the notification of infectious diseases and food poisoning are now to be found in Sections 47 to 49 of this Act, and the following is a list of infectious diseases to be notified to the medical officer of health from the date mentioned :—

Acute encephalitis	Measles
Acute meningitis	Ophthalmia neonatorum
Acute poliomyelitis	Paratyphoid fever
Anthrax	Plague
†Chicken pox	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective jaundice	Typhoid fever
Leprosy	Typhus
Leptospirosis	Whooping cough
Malaria	Yellow fever

† *Notifiable in the County Borough of Grimsby by virtue of an order made under Section 147 of the Public Health Act, 1936.*

Notification of the following diseases is no longer required :—

Acute influenzal pneumonia	Erysipelas
Acute primary pneumonia	Membranous croup
Acute rheumatism	Puerperal pyrexia

By an order made under Section 50 of the Act of 1968, the notification fee payable to general medical practitioners was increased to 5s., also from the 1st October.

**Acute Encephalitis.**—One case was notified during the year, the patient—a boy of 3 years—receiving treatment in hospital.

**Acute Meningitis.**—In the last quarter of the year eight cases were reported, all of which were treated in hospital. One death in a girl of five years was ascribed to Meningococcal Meningitis.

**Dysentery.**—Notifications totalled 96 (48 of each sex), 13 more than in 1967. None of the cases required hospitalisation and there was no death.

**Infective Jaundice.**—This condition was made notifiable from the 15th June and 23 cases (11 males and 12 females) were reported. Six patients were treated in hospital.

**Measles.**—Six hundred and thirty-seven cases (332 males and 305 females) were notified, compared with 1,147 last year, eight patients being admitted to hospital. One death occurred in a mongol boy aged 17 months.

**Scarlet Fever.**—Only 51 cases (26 males and 25 females) of this disease were reported, compared with 184 for the previous year. One patient was treated in hospital.

**Whooping Cough.**—Notifications of this condition totalled 22 (13 males and 9 females), showing a considerable decrease in the 189 cases reported in 1967. None required hospitalisation.



Table 4. - Cases of Infectious Diseases notified during the year 1968

Notifiable Disease	All Ages		Under 1 year												1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—25 years		25—35 years		35—45 years		45—65 years		65 years and over		Total cases admitted to Hospital	
			Total		M		F		M		F		M		F		M		F		M		F		M		F		M		F		M		F					
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
Acute Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	8	
**Acute Meningitis	5	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
†Acute Pneumonia (Influenzal)	1	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
†Acute Pneumonia (Primary) ...	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
†Acute Rheumatism	537	563	1100	15	23	30	26	31	41	47	53	58	74	301	285	34	39	12	14	2	4	2	4	3	4	5	5	1	—	—	—	—	—	—	—	—	—	—	—	
Chicken Pox ...	48	48	96	1	4	4	4	4	3	2	2	2	3	10	5	3	4	2	4	4	2	3	4	5	6	8	2	—	—	—	—	—	—	—	—	—	—	—	—	
Dysentery ...	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
†Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
*Infective Jaundice	11	12	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria (contracted abroad)	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles ...	332	305	637	22	21	58	50	56	52	48	55	43	87	87	—	—	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Neonatorum	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
†Puerperal Pyrexia	—	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever ...	26	25	51	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	13	9	22	2	—	2	1	2	2	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals	976	974	1950	40	49	95	82	93	98	107	108	117	127	425	398	41	51	17	23	9	6	12	13	7	8	3	4	44	—	—	—	—	—	—	—	—	—	—		

\* Notifiable as from 15th June, 1968.

\*\* Notifiable as from 1st October, 1968.

† No longer notifiable after 30th September, 1968.

**Cases, Contacts or Carriers of Infectious Diseases.**—A notice was sent to employers of 21 cases (9 males and 12 females) of infectious disease who were engaged in the handling of food, informing them that the person concerned should not resume employment until the medical officer of health certified that it was safe to do so.

Certificates of exclusion from work were issued to 27 contacts or carriers (11 males and 16 females) also engaged in the handling of food.

### CANCER

Deaths due to cancer totalled 219 (107 males and 112 females), of which 52 (38 males and 14 females) were ascribed to cancer of the lung and bronchus.

The following table gives the local and national cancer death rates per thousand of the population for the past five years :—

Year	Lung and Bronchus			Other Sites			All Forms		
	Grimsby		England and Wales	Grimsby		England and Wales	Grimsby		England and Wales
	No. of Deaths	Rate		No. of Deaths	Rate		No. of Deaths	Rate	
1964	51	0.53	0.53	163	1.71	1.67	214	2.24	2.20
1965	56	0.59	0.55	160	1.68	1.67	216	2.27	2.22
1966	57	0.60	0.56	160	1.68	1.68	217	2.28	2.24
1967	55	0.58	0.58	159	1.67	1.69	214	2.25	2.27
1968	52	0.54	0.59	167	1.73	1.72	219	2.27	2.31

### TUBERCULOSIS

**Notifications.**—A total of 49 cases were notified compared with 30 the previous year. In addition, 10 cases of tuberculosis already notified in other areas moved into the Borough.

**New Cases of Tuberculosis Notified, by Age and Sex, during 1968**

	Pulmonary			Non-Pulmonary		
	Males	Females	Total	Males	Females	Total
Under 1 year ..	—	—	—	—	—	—
1 - 2 years ..	—	2	2	—	—	—
2 - 5 years ..	—	1	1	—	—	—
5 - 10 years ..	1	3	4	—	—	—
10 - 15 years ..	—	—	—	—	—	—
15 - 20 years ..	1	—	1	—	—	—
20 - 25 years ..	—	1	1	1	—	1
25 - 35 years ..	2	2	4	—	2	2
35 - 45 years ..	3	2	5	—	2	2
45 - 55 years ..	7	5	12	1	1	2
55 - 65 years ..	5	1	6	—	1	1
65 - 75 years ..	2	—	2	—	1	1
75 and over ..	2	—	2	—	—	—
Totals ..	23	17	40	2	7	9



**Deaths.**—The number of deaths and the death rate from tuberculosis per thousand of the population is shown in the following table :—

		Grimsby		England and Wales	
		Number	Rate		Rate
Respiratory	.....	3	0.03		0.03
Other forms	.....	2	0.02		0.01
		—	—		—
Totals		5	0.05		0.04
		—	—		—

### Notifications and Deaths, 1959-1968

Year	Notifications			Deaths		
	Pul-mon-ary	Non-Pulmonary	Total	Pul-mon-ary	Non-Pulmonary	Total
1959	57	6	63	11	1	12
1960	65	16	81	6	2	8
1961	49	10	59	8	2	10
1962	61	8	69	6	1	7
1963	34	12	46	5	3	8
1964	39	8	47	6	1	7
1965	47	6	53	3	—	3
1966	34	8	42	5	—	5
1967	22	8	30	4	1	5
1968	40	9	49	5	—	5

**Revision of Register.**—A total of 61 notified persons were removed from the current register during the year as follows :—

Left district	15
Recovered or cured	21
Tuberculous deaths	5
Diagnosis not established	3
Died from causes other than tuberculosis	17

### Cases on Register

	Males	Females	Total	
			1968	1967
Respiratory .. ..	370	234	604	609
Non-Respiratory ..	21	39	60	57

**Mass Radiography.**—The Lincolnshire Mass Radiography Unit visited Grimsby from the 26th July to 23rd August, and the following information is available :—

Miniature films taken	10,669
Recalled for large films	98
Referred to Chest Clinic	35
Cases of pulmonary tuberculosis requiring	
(a) close clinic supervision or treatment	5
(b) occasional supervision/no treatment	4

Post primary inactive pulmonary tuberculosis .....	3
Bronchial carcinoma .....	3
Sarcoidosis .....	1
Bronchiectasis .....	2

**Chest Clinic.**—The following information has been supplied by Dr. J. Glen, Consultant Chest Physician, and is a general analysis of the work carried out in regard to Grimsby patients at this clinic during the year.

New cases examined (excluding contacts)			Total
(a) Definitely tuberculous	36}		
(b) Diagnosis not completed	72}	... ..	2,194
(c) Non-tuberculous	2,086}		
Contacts examined :			
(a) Definitely tuberculous	3}		
(b) Diagnosis not completed	7}	... ..	393
(c) Non-tuberculous	383}		
Cases written off Clinic Register, including 2,043 non-tuberculous			2,100
Cases on Clinic Register as at 31st December			
(a) Definitely tuberculous	620}		
(b) Diagnosis not completed	79}	... ..	699
Total attendances at clinic, including contacts		... ..	5,351
Consultations with medical practitioners .....		... ..	5,471
Home visits by nurses .....		... ..	2,487
X-Ray examinations—radiographic films .....		... ..	3,716

The number of new diagnosed cases showed a slight increase of 27 pulmonary and 9 non-pulmonary, when compared with last year. These figures are more in keeping with the years 1964 to 1966 as 1967 was exceptionally low.

The B.C.G. campaign has now been in existence for many years and on the whole has been directed mainly to those under the age of 15 years so far as this clinic is concerned. The result of this form of immunity is apparent in the ever-lessening number of new cases of tuberculosis in this particular age group.

The number of deaths from tuberculosis was five (three males and two females), thus the exceptionally low figure in recent years has been maintained. This fact emphasises the vast changes that have taken place in the successful modern methods of treatment, and co-operation in all branches of the hospital service.

Non-tuberculous conditions requiring investigation referred to the clinic and either diagnosed there or through in-patient treatment in the chest hospital during the year, were as follows :—

	Men	Women	Children
Cancer .....	46	17	—
Bronchiectasis .....	3	5	1
Asthma .....	20	28	10
Unresolved Pneumonia .....	11	7	1
Non-tuberculous effusion .....	6	3	—
Spontaneous Pneumothorax .....	5	—	—
Cardiac .....	19	11	1
Other conditions .....	14	14	1
Erythema Nodosum .....	—	2	—
Empyema .....	1	—	—
Hodgkins disease .....	1	—	—
Mitral Stenosis .....	1	3	—
Sarcoidosis .....	—	1	—
Totals	127	91	14

**Cancer.**—Cases of this disease continue to increase in females and the total number also showed a moderate increase. In the so called 'oat cell' type continued use of the anti-mycotic drugs are obtaining some favourable results. Surgery at the moment remains the most effective method of dealing with the disease in the majority of cases.

**Cardiac Conditions.**—New cases referred to the Chest Clinic by general practitioners, institutions, clinics, etc., in the past five years, numbered :—

	Men	Women	Children	Total
1964 .....	840	1,551	191	2,582
1965 .....	869	1,735	233	2,857
1966 .....	953	979	270	2,202
1967 .....	935	800	215	1,950
1968 .....	814	603	274	1,691

**Routine Chest X-raying in Pregnancy.**—In keeping with the Sheffield Regional Hospital Board's views on the matter, routine chest x-ray has been disbanded and only selected groups are x-rayed during pregnancy. This explains the continued low figure in female cases referred to the clinic.

**Preventive Care.**—This branch of the work embraces many sections and perhaps one outstanding example is the institutional side of treatment for tuberculosis. In an endeavour to reduce the possibility of serious blood spread in the very young child (say under four years) with a positive tuberculin test, but who is apparently well and symptomless, I have resorted to institutional anti-tuberculous drug treatment as a preventive measure and will continue to do so.

It is gratifying to find that no child under clinic supervision in this category has had any serious tuberculous condition and no case of tuberculous meningitis occurred during the year.

The B.C.G. Vaccination scheme continues on a very satisfactory basis and contacts of all ages, including those at work, have opportunities for examination, tuberculin testing and radiological examination. The investigation into infant contacts has continued to a marked degree, and experience has shown that there is no contra-indication or lack of effectiveness in carrying out vaccination in small infants. The day will be welcomed when this preventive measure can be offered to all children and become a routine vaccination at birth, instead of at 13 years of age.

The number of successful B.C.G. vaccinations was :—

	Men	Women	Children	Total
Contacts .....	3	10	107	120
On behalf of local authority	5	7	89	101
Hospital staffs .....	—	8	—	8
Hospital in-patients .....	1	—	44	45
On behalf of Grimsby Police	1	—	—	1
Totals ...	10	25	240	275

B.C.G. Vaccination is given at birth in the two maternity hospitals in the area of the Grimsby Hospital Management Committee and in a private nursing home where there is a maternity wing. The babies are later seen at the chest clinic to ascertain that vaccination has been successful.



The number of contacts seen through the clinic reflects the vigilance of the health visitors in bringing them along for investigation. The majority of contacts diagnosed as having tuberculosis would have escaped detection for a long while but for the facilities available for this form of testing. The ascertainment of such cases is important as they are often found to have a minor degree of disease.

There has been a tendency in certain areas for health visitors to undertake general duties, including chest disease. It is noteworthy that the Medical Advisory Committee of the Ministry of Health sought the views of interested sections, such as the Joint Tuberculosis Committee, the Chest Disease Group of the British Medical Association, and others. All recommended the continuation of chest diseases as a speciality and for the close association of health visitors with chest clinics. It is understood that the Royal College of Physicians has given similar advice and Grimsby, by maintaining the present system, seems to have the support of many influential bodies.

Another important point is good and adequate housing accommodation for patient and family. The Housing Sub-Committee has again been very helpful in dealing with cases of pulmonary tuberculosis and there is complete co-operation between the Medical Officer of Health, the Committee and myself in this important matter.

Cases in need of physiotherapy, breathing exercises and postural drainage are referred from the clinic to the Physiotherapy Department in Watkin Street. Sessions are also held periodically by Mr. R. C. Barclay, F.R.C.S., part of which are devoted to the assessment of bronchiectatic cases suitable for surgery, as well as to the follow up of his operative cases. This arrangement has been found to be most helpful in the assessment of difficult patients.

## VENEREAL DISEASES

The Special Treatment Centre at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospital Management Committee, and the times at which sessions are held with the venereologist in attendance are :—

*Males only* :—Mondays and Wednesdays, 2 to 5.30 p.m.

*Males and Females* :—Tuesday, 2 to 6.30 p.m. Thursday, 10 a.m. to 12.30 p.m. and 2 to 6.30 p.m.

The Centre is open for intermediate attendance from Monday to Friday from 10 a.m. to 12 noon and from 2 to 7 p.m., also on Saturday from 10 a.m. to 12.30 p.m.

During the year 194 Grimsby residents attended this centre for the first time, the classification of these cases being :—

Condition	Males	Females	Total
Syphilis .....	2 (4)	5 (5)	7 (9)
Gonorrhoea .....	28 (42)	11 (17)	39 (59)
Other conditions .....	114 (134)	34 (33)	148 (167)
Totals ...	144 (180)	50 (55)	194 (235)

(Note :— The figures in brackets are those for 1967)

The arrangement has continued whereby the Port Health Inspectors circulate to shipping details of the location and time of sessions of the Special Treatment Centre, and similar information is displayed in all public conveniences.

### PART III—LOCAL HEALTH SERVICES

#### CARE OF MOTHERS AND YOUNG CHILDREN

**Infant Welfare Clinics.**—As in previous years, six premises were utilised, only three of which were purpose built. A total of eight sessions were held weekly as follows :—

Hope Street Welfare Centre	Tuesday and Thursday, 2 p.m.
Watkin Street Welfare Centre	Tuesday and Thursday, 2 p.m.
St. Michael's Church Hall	
Littlecoates Road	Tuesday, 2 p.m.
Milton Road Welfare Centre	Wednesday, 2 p.m.
Louth Road Methodist Church Hall	Friday, 2 p.m.
Old Clee Church Hall	Friday, 2 p.m.

These sessions afforded full immunisation and vaccination programmes which included (from September), vaccination against measles.

Attendances —	1968	1967
Under 1 year .....	13,610	13,970
Between 1 and 2 years ...	1,645	1,611
Total ...	<u>15,255</u>	<u>15,581</u>

During the year, the Department of Health and Social Security recommended that Local Authority Infant Welfare Centres should be renamed "Child Health Centres."

**Toddlers' Clinics.**—These were held twice weekly in the following purpose built Infant Welfare Centres. These were attended by children aged 18 months to 4 years. An appointment system we employed, and attendances totalled 1,506, compared with 1,616 last year.

Hope Street	Wednesday and Friday, 10 a.m. to 12 noon.
Watkin Street	Tuesday and Wednesday, 2 to 4 p.m.
Milton Road	Monday and Thursday, 2 to 4 p.m.

**Distribution of Welfare Foods.**—This was continued at the Infant Welfare Centres during clinic sessions and at the Victoria Street premises during normal shop hours on week days and Saturday mornings. The amounts of the various materials involved are shown below :—

	1968	1967
National Dried Milk, cartons ...	29,242	30,020
Orange juice, bottles .....	16,463	20,095
Cod liver oil, bottles .....	1,037	1,153
A & D vitamin tablets, packets ...	1,285	1,666

**Courses in Mothercraft.**—These were run concurrently with the classes in the psychoprophylactic preparation for childbirth and consisted of one class meeting once weekly for 8 weeks. Attendances were 1,160 (1,060 for 1967).

**Parents' Club.**—Meetings were held regularly at the Watkin Street Infant Welfare Centre and continued to be popular. These sessions were devoted to social and educational activities, and attendances numbered 732 compared with 657 for the previous year.

**Ante-natal clinics.**—The municipal midwives continued to hold their booking and ante-natal sessions once weekly at the Hope Street, Watkin Street and Milton Road Centres. A medical officer was in attendance on a part-time basis only, and at the Milton Road Centre sessions only. Attendances totalled 314 (370 in 1967).

**Post-natal clinics.**—The volume of this work continued to diminish and the few women who took advantage of this service were seen at the ante-natal sessions. Total attendances were 13 (20 last year).

**Notification of Births.**—There were notified 1,832 live births and 43 still-births, compared with 1,883 and 38 respectively for the past year.

**Infant Mortality —**

		1968		1967
	No.	Rate (per 1,000 live births)	No.	Rate (per 1,000 live births)
Infant Mortality ...	36	22.6	41	20.4
Neo-natal Mortality .	23	13.0	24	13.2

Causes of death in the neo-natal period were —

Immaturity without mention of disease	14	Congenital malformations of Genito-Urinary System	1
Congenital malformations of Heart	3	Other congenital malformations	1
Inflammatory diseases of Central Nervous System	1	Injury at birth .....	1
Pneumonia .....	1	Post-natal Asphyxia and Atelectasis	1

Causes of death over 1 month were —

Other respiratory diseases ...	5	Congenital malformations of Heart	2
Other infective and parasitic diseases	3	Bronchitis .....	1
Pneumonia .....	2		

**Prematurity —**

	1968	1967
Total premature live births .....	150	132
Births in hospital .....	136	124
Born at home .....	14	8

Percentage surviving at 28 days

Total .....	88.6
Born in hospital .....	88.6
Born at home .....	100
Born at home and transferred to hospital .....	100

<i>Weight at birth</i>	<i>Premature live births</i>											
	<i>Born in hospital</i>				<i>Born at home or in a nursing home</i>							
					<i>Nursed entirely at home or in a nursing home</i>				<i>Transferred to hospital on or before 28th day</i>			
	<i>Total Births</i>	<i>Died</i>			<i>Total Births</i>	<i>Died</i>			<i>Total Births</i>	<i>Died</i>		
		<i>within 24 hrs. of birth</i>	<i>in 1 and under 7 days</i>	<i>in 7 days and under 28 days</i>		<i>within 24 hrs. of birth</i>	<i>in 1 and under 7 days</i>	<i>in 7 days and under 28 days</i>		<i>within 24 hrs. of birth</i>	<i>in 1 and under 7 days</i>	<i>in 7 days and under 28 days</i>
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1. 2lb. 3oz. or less ..	6	4	2	—	—	—	—	—	1	—	—	—
2. Over 2lb. 3oz. up to and including 3lb. 4oz. ..	7	2	1	—	—	—	—	—	—	—	—	—
3. Over 3lb. 4oz. up to and including 4lb. 6oz. ..	33	3	2	—	—	—	—	—	1	—	—	—
4. Over 4lb. 6oz. up to and including 4lb. 15oz. ..	30	—	—	1	2	—	—	—	2	—	—	—
5. Over 4lb. 15oz. up to and including 5lb. 8oz. ..	60	2	1	—	4	—	—	—	4	—	—	—
6. Totals .. .. .	136	11	6	1	6	—	—	—	8	—	—	—



Stillbirths —		1968	1967
Total number notified .....		38	43
Outward transfers .....		16	16
Occurring at home .....		2	1
Occurring in hospital .....		36	37
Associated with prematurity .....		17	20
Macerated .....		16	20

Contributory causes were —

Ante-partum haemorrhage ...	10	Hypertension .....	1
Congenital defect .....	5	Rhesus incompatibility ..	1
Abnormality of cord .....	3	Unknown .....	11
Pre-eclamptic toxæmia .....	3	Multiple pregnancy .....	2
Intracranial haemorrhage .....	2		

The following tables are included to give an indication of the range of (a) period of gestation and (b) birth weight.

Period of gestation		Weight of foetus	
29 weeks .....	1	Under 3lbs. ....	7
30 „ .....	1	3lb. and under 4lb. ....	5
31 „ .....	1	4lb. „ „ 5lb. ....	3
32 „ .....	1	5lb. „ „ 6lb. ....	3
33 „ .....	2	6lb. „ „ 7lb. ....	12
34 „ .....	1	7lb. „ „ 8lb. ....	4
35 „ .....	2	8lb. „ „ 9lb. ....	2
36 „ .....	4	10lb. „ „ 11lb. ....	1
37 „ .....	3	11lb. „ „ 12lb. ....	1
38 „ .....	3		
39 „ .....	4		
40 „ .....	9		
41 „ .....	4		
42 „ .....	2		

**Maternal Mortality.**—No maternal death was reported during the year.

**At Risk Register.**—At 31st December there were 1,208 names on the Register, 531 of which had been placed thereon during the year under review.

**Notification of Congenital Malformations.**—There were 17 notifications (33 for the previous year), and these are shown below :—

Talipes .....	5	Other congenital malformations	1
Polydactyly .....	2	Mongolism .....	1
Hydrocephalus .....	2	Renal agenesis .....	1
Cleft palate .....	1	Microcephalus .....	1
Cleft palate with cleft lip .....	1	Reduction deformities	
Congenital heart disease .....	1	with talipes	1

**Care of Unmarried Mothers.**—Financial responsibility was accepted in 18 cases, one more than in 1967.

**Ophthalmic Treatment.**—Twenty-four cases were referred from the Maternal Child Welfare Clinics compared with 15 last year.

**Ophthalmia Neonatorum and Pemphigus Neonatorum.**—No case of either condition was notified during the year.

**Orthopaedic Treatment.**—There were 8 cases of referral from Infant Welfare Centres, two more than in 1967.

**Children in Care.**—At the request of the Children's Officer, 25 children were medically examined prior to placing with foster parents.



**Children for Adoption.**—At the request of the Lincolnshire Diocesan Board for Moral Welfare, 23 babies were examined medically prior to being placed for adoption.

**Nurseries and Child-Minders' Regulations Act, 1948.**—At the 31st December, nine premises and seven daily minders were registered to provide sessional care for 240 and 47 children respectively.

## DENTAL SERVICE FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

### Part A. Attendances and Treatment

Number of Visits for Treatment during year:	Children 0-4 (incl.)	Expectant and Nursing Mothers
First visit . . . . .	226	86
Subsequent visits . . . . .	100	141
Total visits . . . . .	326	227
Number of additional Courses of Treatment other than the First Course commenced during year . . . . .	7	1
Treatment provided during the year—		
Number of Fillings . . . . .	97	138
Teeth Filled . . . . .	95	88
Teeth Extracted . . . . .	503	146
General Anaesthetics given . . . . .	206	43
Emergency visits by Patients . . . . .	144	28
Patients X-Rayed . . . . .	—	4
Patients treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis) . . . . .	1	14
Teeth otherwise conserved . . . . .	—	—
Teeth Root Filled . . . . .	—	1
Inlays . . . . .	—	1
Crowns . . . . .	—	—
Number of Courses of Treatment completed during the year . . . . .	223	64

### Part B. Prosthetics

Patients supplied with F.U. or F.L. (First Time) . . . . .	10
Patients supplied with other dentures . . . . .	9
Number of dentures supplied . . . . .	26

### Part C. Anaesthetics

General Anaesthetics administered by Dental Officers . . . . .	1
--	---

**Part D. Inspections**

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of patients given First Inspections during year .. .. .	289	89
Number of Patients who required treatment	244	89
Number of patients who were offered treatment	244	89

**Part E. Sessions**

Number of Dental Officer Sessions (i.e. equivalent complete half days)  
devoted to Maternity and Child Welfare patients :

For Treatment .. .. .	43
For Health Education .. .. .	—

**MIDWIFERY**

The number of domiciliary midwives in post was nine, including one part-time, three of whom were teaching midwives. One midwife resigned in February for domestic reasons and was not replaced, and two attended refresher courses.

Thirteen pupil midwives completed their Part II Midwifery Training and each obtained the required ten deliveries. As the number of bookings is steadily decreasing each successive year, an alternative programme of training will have to be devised in the near future.

Deliveries on the district continue to diminish, while visits to hospital discharges have again increased, as the following table shows :—

	Deliveries	Visits to discharges
1964 .....	523	2,416
1965 .....	419	6,242
1966 .....	310	7,877
1967 .....	258	8,661
1968 .....	210	9,114

Ante-natal visits totalled 438 compared with 216 for the previous year, while visits to planned early discharges numbered 287. A doctor was booked and present at delivery in fifteen cases, but in 194 births a doctor was not present.

General medical practitioner attachment is still being discussed and co-operation between the two services remains good. It should be noted that during the latter part of the year one midwife attended at a general medical practitioner's ante-natal clinic to assist during a period of sickness.

## HEALTH VISITING

There was one new appointment, Mrs. Johnson, who commenced part-time duties in January, and full-time duties in March. The total number of health visitors was 11. Miss H. Bragg retired in October.

A change in the Borough boundary which enlarged two peripheral areas, brought in an additional school. As in previous years there was good staff co-operation and all areas were covered, each member of staff assessing needs and carrying out her selective duties.

One student, Miss V. A. Payne, commenced health visitor training at the University of Hull in September. Two days weekly are spent by the student in Grimsby to obtain practical field work, with one of the health visitors doing the field instructing. Visits of interest required during the period of training have also been arranged within the Borough, and this seems to be working satisfactorily.

Weekly classes in Health Education were held for senior school girls by two health visitors at the Milton Road Clinic during term time. This continuous programme was very exacting and demanded fullest co-operation from the staff concerned.

The Parents' Club was active and popular under the supervision and the assistance of the area health visitor. It was held in clinic premises situated in a Clearance Area, but the numbers for attendance did not decrease. A balanced programme of educational and social content was used and this included guest speakers, an annual outing, and a party for the local children at Christmas.

**Psychoprophylaxis.**—These popular classes were held regularly at the three infant welfare centres by the health visiting staff on rota. This allows even distribution of work load. Fathers-to-be were catered for by evening sessions and these were always well attended. The midwives and student midwives participated as and when their other duties allowed.

**The Stork Club.**—Mothercraft classes were still held at the Maternity Hospital and organised jointly by the Tutor and Health Visitor. A flexible programme was planned and this allowed the expectant mother the advantage of joining the class at any stage of the pregnancy.

A health visitor continued to attend the hospital clinic of the Consultant Paediatrician. This facilitated excellent co-operation with ward staff and the exchange of relevant information with other health visitor colleagues, with the resultant following up of cases.

General practitioners and health visitors were in regular contact by telephone and the level of co-operation remained good. There was discussion regarding attachment and a programme was submitted to a group practice for consideration.

All second year student nurses from the local group training school spent two days in the department, gaining practical knowledge of the health visiting/school nursing services.

A health visitor attended selected sessions at the Health Congress of the Royal Society of Health, and two others attended a short course on Hearing Testing Techniques.



## HOME NURSING

Since the 1st November the overall supervision of this service has been carried out by the Principal Nursing Officer, and the whole-time establishment at the end of the year was :—

- 1 Senior Nurse (S.R.N.)
- 7 Queen's Nurses (including one male)
- 1 District Trained Male Nurse
- 7 State Registered Nurses

In addition, the number of bathing attendants employed in a part-time capacity on five mornings per week has been increased to three.

During the year two State Registered Nurses took a District Nurse Training Course arranged by the Lindsey County Council and were successful in obtaining the National Certificate of the Ministry of Health and Certificate of the Queen's Institute of District Nursing. Two nurses also attended a refresher course organised by the Queen's Institute of District Nursing. The arrangement was also continued by which student nurses from the area of the Grimsby Hospital Management Committee pay visits with the district nurses.

It has not been found possible to attach district nurses to a general medical practitioner, but the relationship continues to be most satisfactory on a basis which has been built up over many years. There is also a good liaison with the hospitals, particularly concerning discharged patients requiring the service of a district nurse.

It will be noted that while there has been a decrease in the total number of new cases and patients nursed during the year, the number of visits paid has been significantly increased. This clearly indicates that the type of patient nursed on the district is more and more of the chronic 'heavy' type requiring twice daily visiting.

The following shows the work done :—

Cases being nursed on 1st January .....	326
New cases nursed during the year :—	
Adults .....	821
Children 5 to 15 years of age .....	2
Children under 5 years of age .....	3
	<hr/> 826
Total	<hr/> 1,152 <hr/>

The figures given below show the total cases and number of visits for the past five years :—

Year	New Cases	Total Cases	Visits
1964	829	1,137	44,154
1965	812	1,145	45,167
1966	796	1,126	46,538
1967	847	1,161	46,676
1968	826	1,152	49,379

## Summary of New Cases Nursed

## ADULTS

## Notifiable diseases :—

Tuberculosis .....	5
Others .....	5

## Maternal :—

Post-Natal pyrexia .....	2
Miscarriage .....	—
Others .....	16

## Surgical :—

Acute .....	45
Chronic .....	57

## Medical :—

Anaemia .....	50
Diabetes .....	22
Broncho-pneumonia .....	8
Bronchitis .....	28
Other chest conditions .....	16
Rheumatic conditions .....	37
Cerebral haemorrhage — under 60 .....	10
"                    "      — over 60 .....	53
Cancer .....	115
Ear, nose and throat .....	2
Gynaecological .....	6
Cardiac disease .....	60
Disseminated sclerosis .....	18
Senility .....	133
Enemata .....	66
Others .....	67

## CHILDREN 5 to 15 YEARS OF AGE

Medical .....	2
Surgical .....	—

## CHILDREN UNDER 5 YEARS OF AGE

Medical .....	2
Surgical .....	1

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Total ... 826

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**Injections.**—The nursing staff gave injections to patients in their homes, as follows :—

Diabetics (insulin) .....	18
Antibiotics .....	16
Diuretics .....	22
Anti-Anaemia preparations .....	51
Cortisone .....	16
Other special injections .....	39

Out of the above total of 162 patients receiving injections during the year, 17 also required general nursing care.

## VACCINATION AND IMMUNISATION

**General.**—Two important changes occurred during the year in regard to the immunisation programme :—

(1) Circular No. 9/68 was issued in March and provided for the routine immunisation against measles.

(2) Circular No. 29/68 issued in August, recommended a revised schedule of vaccination and immunisation procedures, which appears at the end of this section.

**Diphtheria immunisation.**—A total of 1,628 children received the complete course of inoculations as against 1,659 the previous year, and the following shows the immunisation state for the past five years :—

Year	Under 5 years	5-15 years	Total
1964 .....	1,517	193	1,710
1965 .....	1,503	264	1,767
1966 .....	1,303	231	1,534
1967 .....	1,430	229	1,659
1968 .....	1,288	340	1,628

Re-inforcing injections were given to 2,654 children compared with 2,570 last year.

**Whooping cough immunisation.**—The number of cases of whooping cough has continued at a low level and whooping cough immunisation was given as triple antigen to 1,268 children (1,382 the previous year).

**Smallpox vaccination.**—The number of children to receive primary smallpox vaccination was 613 as compared with 714 in 1967. Of the total, 407 were in the one-year age group. In addition, thirty-two children were re-vaccinated.

**Poliomyelitis vaccination.**—The number of children immunised against poliomyelitis was 1,707. The figures for the past five years are as follows :—

Year	Under 5 years	5-15 years	Total
1964 .....	1,457	55	1,512
1965 .....	1,504	84	1,588
1966 .....	1,531	166	1,697
1967 .....	1,437	239	1,676
1968 .....	1,322	385	1,707

Children are offered a reinforcing dose of oral vaccine at school entry and 2,242 children received these doses this year.

**Measles vaccination.**—At the beginning of April plans had been drawn up to commence this vaccination in infant schools in order to have as many children between four and seven years of age immunised before the expected epidemic in the Autumn. As the response was low, mainly because most of those in this group had already had the disease, this protection was later offered to younger children. By the end of the year 898 had been immunised.



## SCHEDULE OF VACCINATION AND IMMUNISATION PROCEDURES

Age	Prophylactic	Interval	Notes
During the first year of life	Diph/Tet/Pert. and oral polio vaccine. (First dose)		The earliest age at which the first dose should be given is 3 months, but a better general immunological response can be expected if the first dose is delayed to 6 months of age.
	Diph/Tet/Pert. and oral polio vaccine. (Second dose)	Preferably after an interval of 6 to 8 weeks.	
	Diph/Tet/Pert. and oral polio vaccine. (Third dose)	Preferably after an interval of 6 months.	
During the second year of life.	Measles vaccination	After an interval of not less than 3 to 4 weeks. (see Note 9)	While the second year is recommended for routine vaccination against smallpox, in individual cases and if special circumstances call for it, vaccination against smallpox may be carried out during the first year. (see Note 1)
	Smallpox vaccination	After an interval of not less than 3 to 4 weeks. (see Note 9)	
At 5 years of age or school entry.	Diph/Tet and oral polio vaccine or Diph/Tet/Polio vaccine Smallpox revaccination		With the exception of smallpox revaccination these may be given, if desired, at 3 years of age to children entering nursery schools attending day nurseries or living in children's homes.
Between 10 and 13 years of age. (See Note 10)	B.C.G. vaccine		For tuberculin-negative children.
At 15 to 19 years of age or on leaving school.	Polio vaccine (Oral or inactivated) Tetanus toxoid Smallpox revaccination		

### Additional Notes

1. The basic course of immunisation against diphtheria, pertussis, tetanus and poliomyelitis should be completed at as early an age as possible consistent with the likelihood of a good immunological response. Live measles vaccine should not be given to children below the age of nine months, since it usually fails to immunise such children owing to the presence of maternally transmitted antibodies. Routine primary vaccination against smallpox should normally be deferred until the second year of life after vaccination against measles.

Reinforcement of immunisation against diphtheria, tetanus and poliomyelitis and revaccination against smallpox should be undertaken about the age of first entry to school.

Further reinforcement of immunisation against tetanus and poliomyelitis and revaccination against smallpox should be offered at school leaving age.



2. Examples of timing doses of basic course of immunisation :

Age	1st dose	2nd dose	3rd dose
	3 months	5 months	9-12 months
4	"	6	"
5	"	7	"
6	"	8	"
	Interval		Interval
	6-8 weeks	Preferably 6, and not less than 4 months	

3. The desirable commencing age for immunisation is six months of age because (a) before this age the antibody response may be reduced by the presence of maternal antibody, (b) the child's antibody-forming mechanism is immature in the early months of life, and (c) severe reactions to pertussis vaccine are less common in children over six months old than at three months of age.

4. The boosting dose of triple vaccine previously recommended to be given during the second year is considered to be unnecessary if the three dose schedule spaced as in (2) is followed.

5. If no immunisation, or an incomplete basic course of immunisation has been given before school entry, the full basic course of diphtheria, tetanus, pertussis and poliomyelitis immunisation should be given at school entry, but vaccination against smallpox should not be undertaken unless a need arises (see note 7).

6. The boosting dose of diphtheria and tetanus toxoid previously recommended to be given at 8 to 12 years of age is considered in the light of accumulating information to be unnecessary if the three dose schedule spaced as in (2) is followed and a booster dose given at 5 years of age or school entry. A booster dose of tetanus toxoid is recommended at 15 to 19 years of age or on leaving school.

7. Primary vaccination against smallpox in early childhood should be regarded as the first of a series of vaccinations to be given through childhood to adult life. Primary vaccination is not advised as a routine after early childhood.

8. In view of the possibility of accidental infection of eczematous members of the family of a child vaccinated against smallpox it would be preferable for all routine smallpox vaccinations to be carried out by or with the knowledge of the family doctor.

9. An interval of three to four weeks should normally be allowed to elapse between the administration of any two live vaccines or between the administration of diphtheria/tetanus/pertussis vaccine and a live vaccine, other than oral poliomyelitis vaccine, whichever is given first.

10. Whereas the normal age for B.C.G. vaccination is during the year preceding the fourteenth birthday, the local epidemiological situation may sometimes call for earlier B.C.G. vaccination. A local health authority may therefore, at their discretion, vaccinate schoolchildren aged 10 years or more if in their view this appears to be justified. (Circ. 19/64). In certain areas B.C.G. vaccine is given as a routine in infancy.

## AMBULANCE SERVICE

The returns for this Service show a decrease of 326 in the total number of patients transported by road (1968—47,901; 1967—48,227), along with an increase in (a) the total number of miles travelled (1968—187,566; 1967—180,163), and (b) the number of stretcher borne cases (1968—11,369; 1967—10,036).

The number of patients travelling to distant hospitals and clinics showed an increase of 699 or 33 per cent (1968—2,808; 1967—2,109). In this connection, it should be reported that the number of journeys undertaken to and from the Special Rheumatism Clinic, Woodhall Spa, is to be increased in the near future. This will cause further staffing problems in this Section.

The figures for the transport of patients by rail show an increase of 18 (1968—376; 1967—358).

The good relationships which have been established with the general medical practitioner and the Hospital Services continue to enhance the efficiency of the Service. Increased co-operation with the Lindsey County Council has been achieved, with a resulting diminution in duplication of vehicle use.

Eight members of the Ambulance Service attended courses of instruction which lasted for six weeks at the Ministry of Health School at Cleckheaton and it is gratifying to report that the Chief Instructor has written "All your students were young, inexperienced men, and I wish to compliment you on the standard of your recruits, which is certainly well above the national average."

The statistical tables follow, the figures in brackets being those for 1967.

### OPERATIONAL

Type of Case	Patients		Journeys	
Accident .....	532	(782)	1,253	(1,870)
Other .....	2,267	(1,901)	1,126	(1,060)
Removals (Local) .	40,267	(41,555)	2,880	(2,817)
Removals (Other) .	2,808	(2,109)	1,680	(1,097)
Miscellaneous .....	2,027	(1,880)	537	(535)
Totals	47,901	(48,227)	7,476	(7,379)

### ANALYSIS OF ALL JOURNEYS

Type	Patients		Journeys		Mileage	
<b>Emergency</b>						
Ambulances ...	1,964	(1,892)	2,100	(1,759)	18,667	(18,172)
Sitting Case						
Vehicles .....	835	(791)	665	(891)	14,220	(15,228)
<b>General</b>						
Ambulances ...	11,369	(10,036)	2,387	(2,450)	51,964	(55,078)
Sitting Case						
Vehicles .....	33,733	(35,508)	2,141	(2,225)	102,145	(91,412)
<b>Abortive &amp; Service</b>						
Ambulances ...	—	(—)	183	(54)	570	(273)
Sitting Case						
Vehicles .....	—	(—)	—	(—)	—	(—)
Totals	47,901	(48,227)	7,476	(7,379)	187,566	(180,163)

By Rail .....	376	(358)	659	(669)	27,557	(30,248)
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### VEHICLE STATISTICS

	Miles		Petrol (galls.)		M.P.G.	
Ambulances .....	86,393	(85,046)	7,499	(7,293)	11	(12)
Dual Purpose						
Vehicles .....	85,068	(71,800)	4,365	(3,951)	20	(18)
Sitting Case						
Vehicles .....	16,107	(23,317)	556	(892)	29	(26)

### AVERAGES

Miles per patient .....	4.5	(4)	Miles per journey ...	25	(24)
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## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

These duties have again been carried out by the Principal Nursing Officer and staff on similar lines as in previous years.

A total of 225 cases interviewed and assisted during the year. New cases numbered 87 and the domiciliary visits made by the Principal Nursing Officer and the Health Visitors totalled 561. There were also 24 office interviews.

**Central Care Council.**—Assistance has been given by the General Care Committee in a variety of ways in an effort to meet the needs of individual patients. Some have required financial or material help and others a period of convalescence to complete a course of treatment.

Cases dealt with are referred by general medical practitioners and other services, both statutory and voluntary, and the elderly continue to form the largest group referred for help.

The standard of co-operation with the hospital social workers and staff of other services remains very good, which is essential for the maintenance of an efficient service.

Seventeen special cases received financial help from the National Society for Cancer Relief. Nine patients were granted an additional gift of £3 for Christmas, while help is continuing in six cases.

The Grimsby Tuberculosis and Chest Care Committee continued to provide for the needs of all patients who have attended the Chest Clinic or were treated in the Springfield Hospital, and who needed subsequent after-care.

**B.C.G. Vaccination.**—Full information of the year's work in this field is given in the School Health Service section (Part VIII) of this report, but the following shows the number of vaccinations carried out in the past five years :—

Year	Contact Scheme	School Children Scheme
1964 .....	253	1,015
1965 .....	287	1,405
1966 .....	243	1,220
1967 .....	187	274
1968 .....	147	909

**Yellow Fever Vaccination.**—The number of persons vaccinated and issued with an international certificate was 351, 79 more than in the previous year.

**Chiropody Service.**—This service is administered by the Welfare Services Committee of the Corporation and I am indebted to the Director of Welfare Services for supplying the following information :—

The number of chiropodists employed was one full-time and two on a part-time sessional basis. Sessions have been held on four days weekly in the offices of the Welfare Services Department and twice weekly, as required, in the premises of the part-time chiropodists.

Patients dealt with in clinics, excluding residents in old people's homes, totalled 1,197 (1,110 over retirement age, and 39 registered handicapped, 35 registered blind and 13 registered partially-sighted persons); in addition 256 persons over retirement age were treated at home.

A total of 5,736 treatments were carried out (3,322 at sessions held in the Welfare Services Department, 1,211 at sessional basis clinics, and 1,203 residents in old people's homes), while 980 domiciliary visits were paid to other than residents in Part III Accommodation.

**Fluoridation of the Public Water Supply.**—Following the receipt of Ministry of Health Circular 24/68, this question was fully considered by the Health Committee at their meetings on the 8th July and 9th September, 1968, when it was finally resolved "That no action be taken in this matter." This decision was ultimately confirmed by the Grimsby Town Council without discussion.



**Population Screening for Cancer of the Cervix.**—The response to this service continued to be disappointing and only 437 women were examined at the local health authority clinics as compared with 638 last year. The number carried out by the general practitioners is not readily available, but from all reports many more women should avail themselves of the service. Every effort is made by the nursing staff and others to publicise the facts about cervical cytology especially among the middle-age group with large families and lower incomes who are considered to be most at risk.

The findings were as follows :—

Number of smears .....	434
Breast examination only .....	3
Trichonoma infection .....	19
Doubtful .....	8
Positive .....	2
Other .....	1

## HEALTH EDUCATION

A total of 24 lectures and talks were given to local organisations on various aspects of Public Health and Health Education, 15 by the Medical Officer of Health, one by the Deputy Medical Officer of Health, 5 by the Principal Nursing Officer, 2 by the Chief Public Health Inspector and one by a Health Visitor. Attendances at these meetings totalled 759. The health visitors also gave lectures on health education to the junior members of the local branch of the British Red Cross Society.

Programmes of social and educational contents were carried out at the twice monthly meetings of the Parents' Club, held at one of the infant welfare centres. The Committee of this Club continues to be both active and self-supporting.

Health education was again carried out among the school population by the health visitors and school nurses, details of which are included in the School Health Service Section of this Report.

A course of lectures on Food Hygiene commenced in January at the Grimsby College of Technology for employees of food shops, catering premises and food manufacturing premises, with a view to taking the Certificate of the Royal Society of Health in "Hygiene of Food Retailing and Catering." Seventy-six students enrolled for this course which consisted of two classes on Tuesday afternoons for "day release" students and one class on a Thursday evening. The lectures were given by the Deputy Chief Public Health Inspector, assisted by a Principal District Inspector.

The oral examination was followed a year later by the written examination and it is pleasing to report that seventy out of the seventy-six candidates passed the examination.

In view of the vast increase in food production in factories in this area, it is felt that this type of course will in future achieve better conditions in the manufacture and handling of food.

Full use has again been made of the publicity material of the Central Council for Health Education and of the Royal Society for the Prevention of Accidents, the local health authority subscribing to both bodies, and Better Health journals were distributed monthly through the usual channels.

## DOMESTIC HELP

As in previous years the service has again shown an increase in the number of cases attended—1,007 as against 960 in 1967. After investigation 382 of the 450 applications received were provided with help.

The number of maternity cases has again decreased (18 compared with 24), but there has been an overall increase of 47 in the other categories.

The type of cases dealt with are aged and infirm, chronic sick, blind, maternity and emergency, the emphasis being on the aged and infirm, and these have been referred through the usual sources.

The number of cases attended weekly has again risen, the average being 677 compared with 629 last year.

As well as the case load, each year the number of cases carried over also increases—725 compared with 624 in 1967. This means employing more home helps, which is becoming increasingly difficult, due in no small measure to the many attractive industries in the district. Turnover of personnel is high as nowadays they do not seem to stay for any length of time and this in relation to the Home Help Service creates many problems in administration. Despite this, at the end of the year 192 were employed as against 180 in 1967.

There has been the usual demand for daily visits to the aged with regard to the lighting of fires, etc., and this is becoming one of the main problems during the winter months owing to the distances and travelling time involved and the small number of home helps available for this type of case.

The Supplementary Service has been useful in a very limited way and after investigation only in one case was it possible to make suitable arrangements.

The following relates to the working of the scheme :—

Administrative staff on 31st December, 1968 :—

Organiser .....	1	}	4
Deputy Organiser .....	1		
Clerks (full-time) .....	2		

Home Helps employed at 31st December, 1968 :—

Part-time .....	192
Full-time equivalent .....	63.5

Cases assisted during the past three years :—

	1966	1967	1968
Maternity (including expectant mothers) .....	32	24	18
Aged 65 or over .....	724	848	901
Chronic sick and tuberculous .....	46	47	49
Mentally disordered .....	Nil	Nil	Nil
Others .....	29	41	39
Totals ...	831	960	1007

The following figures show the amount of service given in a representative week, when 753 cases were dealt with :—

39 patients received 2 hours but less than 3 hours on any one day.

523 patients received 3 hours but less than 4 hours on any one day.

116 patients received 4 hours but less than 5 hours on any one day.

(Included in the above are 6 patients where a home help called for approximately 1-hour daily).

The remaining 75 patients received two or more half days per week.

One ante-natal and one post-natal case were dealt with in this particular week.



**Payment for Service :—**Of the 1007 cases assisted, the charges were distributed in the following way :—

	Free of Cost	Part Cost	Full Cost
Maternity .. .. .	—	2	16
Aged 65 or over .. ..	773	104	24
Chronic sick and tuberculous ..	39	7	3
Mentally disordered .. ..	—	—	—
Others .. .. .	22	8	9
Totals .. .. .	834	121	52

The standard charge was increased from 4s. 6d. to 6s. 0d. an hour in November.

### MENTAL HEALTH

This section of the Health Services, which is now housed in the new main offices of the Health Department in Queen Street, provides for the care and aftercare of subnormal and mentally ill patients of all grades. The Chief Mental Welfare Officer is responsible to the Medical Officer of Health for the detailed working of the Service and, with three Senior Mental Welfare Officers, one junior and one trainee, for arranging the admission and escort of patients to both types of hospital. Each officer carries a mixed case load providing help and support as is needed by patient and family.

A club for women patients is held in the new offices one afternoon weekly and numerous interests, ranging from talks, photographic slides and lectures, to sewing, painting and a little dressmaking, have all been included during the year, but a friendly chat and some help with sewing problems continue to fill most club sessions.

A Girls' Club is run by the women mental welfare officers at the Junior Training Centre, offering a social outlet to some girls who have no relatives or other outside opportunities. The annual summer outing, shared recently with members of the Women's Club, is chosen and planned with great care by the girls and officers and this year the outing included Sherwood Zoo, Wollaton Park, with tea in Nottingham. The Christmas party, which is probably the most important event in the calendar to most of the girls, was this year graced by three groups of child dancers trained locally. The tiny children excited great attention but undoubtedly the "Wedding of the Painted Doll" has remained in the girls' minds most forcibly.

The local group of Alcoholics Anonymous, has finally come of age. It now conducts its affairs in outside premises, although the mental welfare officer keeps in touch with some members and attends open sessions as an invited guest.

Under Section 28 of the Mental Health Act, 1946, visits continue to all patients in need of help or supervision. The main sources of referral of new cases are the psychiatric clinic and general medical practitioners, although relatives, friends, staffs of other departments and various social agencies refer patients from time to time.

Two mental welfare officers attend each of the bi-weekly Psychiatric Clinics held at the Scartho Road Hospital and are advised by the Consultant Psychiatrist on all follow-up visits as required, in turn reporting to him at regular intervals. This Consultant is also available for domiciliary visits to patients living in the town as requested by general medical practitioners. The Consultant Geriatrician calls on the services of mental welfare officers from time to time.

The following table gives the number of patients admitted to St. John's Hospital, Lincoln, during the year :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Section 25 .....	23	25	48
Section 26 .....	5	2	7
Section 29 .....	19	27	46
Section 60 .....	—	1	1
Informal .....	16	12	28
Totals ...	63	67	130

In addition some patients were seen at out-patient clinics at St. John's Hospital and, where necessary, were escorted by mental welfare officers, who also attended with the consultant psychiatrists at the homes of some patients.

The following figures relate to cases dealt with under the Mental Health Act, 1959 :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(a) Mentally Ill (Under 16 years of age) .....	—	—	—
(Aged 16 years and over) ...	70	143	213
(Elderly Mentally Infirm) ...	—	12	12
(b) Psychopath (Under 16 years of age) .....	—	—	—
(Aged 16 years and over) ...	8	7	15
(c) Subnormal (Under 16 years of age) .....	10	6	16
(Aged 16 years and over) ...	20	49	69
(d) Severely (Under 16 years of age) .....	16	26	42
Subnormal (Aged 16 years and over) ...	13	20	33
Totals ...	137	263	400

The majority of severely subnormal children continue to be referred by the School Health and Maternal and Child Welfare Services with a few by general medical practitioners. The Consultant Paediatrician has referred several children for admission to the Special Care Unit and some children have been able to proceed from the Unit on into the Training Centre. Background information about school children ascertained under Section 27 of the Education Act, 1944, has been presented to the approved medical officer completing the statutory forms. The School Dental Service gave treatment to twenty-three patients.

Harmston Hall Hospital and its ancillary branches again received a number of short stay patients during August, but the number this year was curtailed somewhat by shortage of accommodation. The need for such provision at other times of the year is very great on occasions.

The Medical Superintendent of Harmston Hall Hospital has attended a small advisory clinic at the Junior Training Centre and has been able to advise staff, relatives of patients and one or two medical practitioners, and this has proved most helpful.

No voluntary association for mental health exists in the borough, but active co-operation with the North Lincolnshire Society for Mentally Handicapped Children has received further impetus. The Society now holds its meetings in the new Adult Training Centre, where they run two clubs, one for girls and one for boys.

**Training Centres.**—The Adult Training Centre was opened on the 1st October with limited numbers of trainees and staff as there were the usual teething troubles with new building. The workshop and the domestic subjects room (including laundry) will provide opportunity for expanding the syllabus extensively.

The Junior Training Centre is staffed by a Supervisor and five assistants, the former and two assistants holding the Diploma of the National Association for Mental Health and another a Certificate of Recognition. The junior member is now away at University for a two year training course. The Special Care Unit is in the charge of a qualified nursery nurse assisted by one other member of the staff.

Corporation transport brings the majority of the pupils to and from the Centre and the Special Care Unit, four others being brought by the Ambulance Service and some by parents. A mini bus and the County Ambulance Service convey children attending from the rural area of the Lindsey County Council. All but two of the older boys have now been transferred to the Adult Centre. Attendance at the swimming baths continues and outings of interest for groups of children have been expanded.



## PART IV — SANITARY CIRCUMSTANCES

This section of the report has been compiled by the Chief Public Health Inspector, Mr. A. Manson.

**Staff.**—During the period 1st May to 31st August, 1968, three District Public Health Inspectors left to take similar appointments with other authorities. This caused a serious shortage of staff for the remainder of the year.

Two Senior District Inspectors were appointed to the staff in December and are due to commence duty at the beginning of February, 1969. Two vacancies still exist, but it is hoped that one of these will be filled in June of next year when one of the pupils is due to take his final examination.

Two of the pupil public health inspectors commenced their second year's training in September having successfully passed their first year's examinations.

I would like to take this opportunity of expressing my gratitude to all members of the staff for their co-operation during the year, and particularly during the recent staff shortages.

**Water Supply.**—The piped water supplies from the North East Lincolnshire Water Board continued to be satisfactory both in regard to quantity and quality for the needs of the town. 228 samples of water taken from the distribution mains and service pipes were examined bacteriologically and found to be satisfactory.

The natural fluoride content of the water was <1 parts per million.

Notices were served under the provisions of the Grimsby Corporation Act, 1927, requiring owners of houses to install water supplies within the dwellings where only supplies from external standpipes were available, except when such houses were included in proposed clearance areas.

Set out below are the results of chemical and bacteriological samples of drinking water taken from house taps :

### Chemical Analysis

#### Physical characters

Suspended matter .....	none
Appearance of a column 2ft. long .....	clear, colourless
Taste .....	normal
Odour .....	none

#### Chemical Examination

	Parts per million
Total solids dried at 180 deg. C. ....	346.0
Chlorides in terms of Chlorine .....	23.0
Equivalent to Sodium Chloride .....	37.9
Nitrites .....	none
Nitrates as Nitrogen .....	1.71
Poisonous metals (lead) .....	less than 0.04
Total hardness .....	270.0
Temporary hardness .....	213.8
Permanent hardness .....	56.2
Ammonical Nitrogen .....	0.040
Albuminoid Nitrogen .....	0.040
Free Chlorine .....	none
pH Value .....	7.1

#### Remarks

From the chemical evidence, this water is, in my opinion, of good organic quality and fit for the purposes of a public supply.

(Signed) Hugh Childs for A. H. Allen & Partners.

17th July, 1968.



### Bacteriological Examination

Plate Count : 3 days at 22 deg. C. aerobically — Cols. per ml.—Nil  
 2 days at 37 deg. C. aerobically — 1 colony per ml.  
 Coliform Test : B. Coli absent in 50 ml. of sample.  
 Cl. Welchii : Absent in 50 ml. of sample.

(Signed) H. Lawy, Bacteriologist

22.4.1968.

**Paving and draining of common passages.**—The newly adopted procedure of serving notices under Section 56 of the Public Health Act, 1936, on the owners affected and obtaining written consents, continued during the year.

As a result 4 passages involving 81 houses were newly concreted.

**Sewerage and drainage.**—The town's sewage is discharged into the Humber Estuary after passing through the Corporation's two pumping stations at Riby Street and Pyewipe.

**Public Cleansing.**—Mr. H. J. Campling, Borough Engineer and Surveyor, presents the following report on the Cleansing Services for the year :—

The total weight of house and trade refuse collected amounted to 28,462 tons and apart from 1,687 tons which was salvaged and sold for £16,480, the remainder (26,775 tons) was disposed of by controlled tipping at Little Coates.

New dustbins are still being issued under the Municipal Dustbin Scheme set up under Section 75(3) of the Public Health Act, 1936, to premises in the Borough and these are renewed as and when the bins become unserviceable.

### Sanitary Inspections

Accumulations .....	310	Animals .....	41
Caravans .....	36	Common lodging houses ...	4
Complaints received and investigated .....	2,733	Dirt and grit nuisances .....	13
Drainage .....	2,614	Dirty and verminous houses and persons .....	46
Drain tests .....	39	Factories and workplaces ...	112
Infectious disease enquiries ...	343	Noise nuisances .....	49
Offensive smells .....	104	Offensive trades .....	5
Outworkers .....	23	Passages and yards .....	231
Places of entertainment .....	22	Piggeries and stables .....	3
Rats and mice .....	43	Smoke observations .....	50
Water supply .....	129	Other matters .....	1,261

**Offensive Trades.**—Routine inspections were made of the few remaining offensive trade premises within the Borough and a small number of complaints were received from nearby residents. One firm of fat melters is to transfer its business to new factory premises being erected on the Corporation's Industrial Estate at Great Coates in the near future.

**Fish and Offal Transport.**—Surveys were continued from time to time at certain main road junctions leading out of town regarding the spillage of offensive liquid on to the highway from fish transport vehicles, in contravention of the Byelaws made under Section 82 of the Public Health Act, 1936.

Letters of warning were sent to those firms found contravening the Byelaws.

**Insect Pest Control.**—During the year 130 houses and 14 business premises were sprayed for the eradication of vermin.

Treatment by the usual insecticides proved effective and was carried out for the insects shown in the table below :—

Infestation by	Number of premises disinfested		Total
	Domestic Premises	Business Premises	
Ants .. ..	22	1	23
Bed Bugs ..	1	—	1
Cockroaches ..	66	12	78
Earwigs ..	4	—	4
Fleas .. ..	5	—	5
Flies .. ..	1	1	2
Maggots ..	1	—	1
Mites .. ..	8	—	8
Silver Fish ..	5	—	5
Spiders ..	1	—	1
Weevils ..	1	—	1
Woodworm ..	15	—	15
	130	14	144

In addition to the above mentioned work, the Disinfestor also dealt with numerous wasps nests both in gardens and roof spaces of houses.

**Rodent Control—The Prevention of Damage by Pests Act, 1949.**—Six hundred and one complaints were received regarding rat and mice infestations, none of which were found to be major infestations. Warfarin continued to be used successfully.

There appeared to be a larger influx of rats into the town from the surrounding districts during the early winter months this year.

The Rodent Operator is carrying out continuous visits to premises within the Borough as a result of complaints received from the public and for general inspections to trace possible infestations.

Work was continued on the baiting of inspection chambers in common passages, which often results in the clearance of infestations originating from the public sewers.

### Destruction of Rats and Mice

	Type of Property	
	Non-Agricultural	Agricultural
Properties other than Sewers		
1. Number of properties in district .. ..	36,794	4
2. (a) Total number of properties (including nearby premises) inspected following notification .. ..	875	1
(b) Number infested by (i) Rats .. ..	454	1
(ii) Mice .. ..	230	—
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification .. ..	375	—
(b) Number infested by (i) Rats .. ..	11	—
(ii) Mice .. ..	4	—

At several premises in two distinct areas of the town infestations of mice were found during the year which appeared to be resistant to Warfarin and other anti-coagulant poisons, and it was necessary to use Alpha-Choralose bait in order to clear these infestations.

Much time, however, was lost in establishing resistance and several weeks passed before treatment was successfully completed.

It is interesting to note that the number of established rat infestations increased by approximately 9 per cent. during the year, and mice infestations decreased by 17.3 per cent. The increase in rat infestations may be attributable to an increased area of land and property taken over by the Local Authority following the Boundary Commissions' Report and also by the large increase in the rat population throughout the country. It is thought that the decrease in mice infestations has possibly been caused by the demolition of a large amount of unfit property during the year.

**Cleansing of Persons.**—The Cleansing Station was only used occasionally for the cleansing of verminous men.

**Laundry for Incontinent Patients.**—Part of the Cleansing Station was equipped as a small laundry at the end of 1965 and has now been in operation for a period of three years for the washing of sheets, clothing, etc., from incontinent patients being nursed in their own homes.

A twice weekly service is given to needy cases, which is carried out free of cost. The washing is collected and returned by the male laundry attendant in a motor van provided for this purpose.

This service would appear to be much appreciated by all concerned.

**Atmospheric Pollution.**—The contents of the standard deposit gauges for measuring atmospheric pollution situated in Eleanor Street and Bradley Woods were examined monthly with little variation from last year's results.

The Chief Alkali Inspector and his Deputy visited the Department at regular intervals throughout the year to discuss the question of noxious fumes being emitted from the chemical factories situated on the Humber Bank.

Occasionally, whilst maintenance work was being carried out on the filtration plant at one factory, noxious fumes were evident over the town when the wind was blowing from the north-east or north-west. Very few complaints were received from the public during the year.

Fifty smoke observations were carried out on factory chimneys to note whether the smoke emitted complied with the provisions of the Clean Air Act.

*Installation of Furnaces : Notification, Clean Air Act, 1956, Section 3 (3)*

Eight notifications of new furnace installations were received and approved under this Act during the year.

**Swimming Baths.**—There is one Public Swimming Bath and two School Swimming Baths within the Borough details of which are set out below :—

*The Public Swimming Bath.*—This is situated in Scartho Road and was opened in December, 1962. The building incorporates a Russian Steam Bath, two Finnish Log Sauna Baths and a restaurant, in addition to the 110ft. by 42ft. pool.

Water is supplied from the North East Lincolnshire Water Board's high pressure main. The system is capable of circulating, filtering and chlorinating the Pool's 237,000 gallons once every four hours. Two 15ft. by 8ft. diameter horizontal pressure filters have a maximum rate of flow through the filters of 250 gallons per hour per square foot of filter area. There is a total of nine valved inlets along the sides and ends of the Pool. Three outlets are set in the bottom of the diving bay and a finger grip scum trough is provided round the full perimeter of the water area.



Tests for residual chlorine and pH value are made daily by the Baths Manager and his staff; the free available chlorine content is maintained at a predetermined level by the fully automatic dosing and recording equipment.

*School Swimming Bath, Eleanor Street.*—This bath measuring approximately 56ft. by 18ft., 3ft. to 4ft. 6in. depth, has a capacity of 22,000 gallons, using the Town's water supply. There is one vertical sand pressure filter, together with chemical dosing and heating plant. Routine daily water tests are made by the Attendant.

*Swimming Bath, Hereford School.*—This bath, commissioned in November, 1966, is 82ft. 6ins. long by 24ft. wide, with a depth ranging from 3ft. to 6ft. and has a capacity of 55,700 gallons of water supplied from the Town's main. The whole of the contents are filtered and chlorinated once every 4½ hours. Circulation within the Pool is of the standard type, with two shallow end inlets and one deep end outlet; overflow channels are incorporated to return the surface water to the filter plant.

The purification plant comprises 2 x 50 square feet pre-coat filters, a manually adjustable gas chlorinator and a water heater. The necessary water tests are made daily by the Attendant.

Twenty-six samples of swimming bath water were submitted for bacteriological examination during the year.

The Plate Test carried out on five of these samples revealed that the number of colonies of bacteria present in the samples were uncountable. In addition one sample contained a Coliform Count of 160 per 100 mls. (2% of which were faecal).

Advice was given regarding increasing the chlorine dosage at the Eleanor Street Bath and further samples taken later proved to be satisfactory.

**Places of Entertainment.**—Premises which are subject to annual licences, such as cinemas, church halls, etc., were inspected from time to time and only minor defects were noted.

### **Offices, Shops and Railway Premises Act, 1963.**

#### *1. Registration and Inspection.*

At the end of the year 1,281 premises were on the register, including 92 firms whose premises were newly registered during the year.

Newly registered premises were given their first inspection and routine visits were made to existing registered premises. Following these inspections it was found necessary to send 30 first notices and 17 second notices to 7 offices, 35 shops, 3 wholesale warehouses and 2 catering premises, regarding contraventions of the Act, as follows :—

Not displaying the Regulations .....	16
Without adequate first aid boxes .....	17
Without thermometers .....	15
Without proper hot water supplies .....	6
Without wash basins .....	3
Defects .....	10
Inadequate heating .....	4
Inadequate ventilation .....	8
Premises requiring cleansing .....	8
Premises requiring decoration .....	9
Inadequate lighting of water closets .....	11
No intervening ventilated space for water closets .....	2
Defective floor coverings .....	3
Provision of handrail .....	1
Without a supply of drinking water .....	1
Dangerous machinery .....	3
Without facilities for hanging outdoor clothing .....	1



## *II. Operation of the General Provisions of the Act.*

The District Public Health Inspectors and the Port Health Inspectors continued to meet employers and their contractors on the premises from time to time to give advice on the work necessary to remedy contraventions of the Act.

Plans of new buildings, the use of which came within the scope of the Act, continued to be scrutinised and the depositors informed about the requirements of the Act before the plans were approved.

A number of demarcation problems which arose were discussed with the Factory Inspectorate and settled satisfactorily.

The total number of inspections made to registered premises viz. 710 is lower than that desirable but this has been due to an acute shortage of district public health inspectors during the year and increased work on the Port which is also under-staffed.

Two new appointments have been made to take effect from early in 1969 and it is hoped that the number of inspections this year will be at a higher level.

## *III. Offices, Shops and Railway Premises Act, 1963 — Accidents.*

During the year 20 accidents were reported, none, fortunately, were fatal. This number is considered to be low and it is thought that others which are notifiable must occur. Every opportunity is taken to remind employers of their responsibility to notify accidents which result in employees being off duty for more than three days.

Most of the accidents were caused by falls.

Apart from 3 cases all the accidents were investigated and appropriate advice given to prevent future incidents. No legal proceedings were taken in respect of accidents.

## *IV. Prosecutions.*

In one case it was found necessary to institute legal proceedings under Sections 6(4), 9(2), 10(1), 12(1) and 24(1) of the Act. Guilty pleas were entered to all summonses, and the Magistrates imposed fines amounting to £18.

**Noise Abatement Act, 1960.**—49 visits were made to investigate complaints of excessive noise and vibration and the majority of such complaints were concerned with nuisances that occur during the evening and early hours of the morning.

Complaints received concerned noise from equipment operated at launderettes adjacent to houses and factories, the use of pneumatic drills without silencers, barking dogs and excessive noise from motor cycles, etc.

All the complaints received were investigated and the complainants interviewed. In most cases the nuisances were abated and it was not found necessary to take court action.

## **FACTORIES ACT, 1961**

The Annual Report of the Medical Officer of Health in respect of the year 1968 for the County Borough and Port of Grimsby in the County of Lincolnshire.

**Part I of the Act**

1. **Inspections** for the purpose of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written notices (4)	Occu- piers prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	77	328	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	682	174	37	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. .. .	51	20	—	—
Total .. .. .	810	522	44	—

2. **Cases in which Defects were found**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars  (1)	Number of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found  (2)	Reme- died  (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	177	148	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) .. .. .	3	2	—	2	—
Inadequate ventilation (S.4)	7	7	—	—	—
Ineffective drainage of floors (S.6) .. .. .	15	9	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient .. ..	3	2	—	—	—
(b) Unsuitable or defective	103	83	—	4	—
(c) Not separate for sexes ..	1	1	—	—	—
Other offences against the Act (not including offences relating to Outwork) ..	108	70	—	—	—
Totals .. ..	417	322	—	6	—

## Part VIII of the Act

## Outwork

(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel making, etc. ..	1	—	—	—	—	—
Nets other than wire nets ..	58	—	—	—	—	—
Total .. ..	59	—	—	—	—	—



## PART V. — HOUSING

The Chief Public Health Inspector reports as follows :—

### Clearance Areas and Compulsory Purchase Orders.

The Clearance Programme confirmed by the Town Council for the year 1968 included 15 proposed Compulsory Purchase Orders involving a total of 528 houses.

Owing to the acute shortage of staff from early September onwards it was only possible to complete inspections of approximately 70 per cent of the houses included in the programme, but it is hoped that the remainder will be completed early in 1969 when the staffing position will be rectified.

Public Inquiries were held during the year by Inspectors of the Ministry of Housing and Local Government in connection with the following Orders :—

1. **Grimsby (West Marsh No.3) Compulsory Purchase Order, 1968, involving 57 houses.**

The Inquiry was held on the 12th November, 1968, and the Order has now been confirmed by the Minister with the modification that one house, No. 70 Charlton Street, could not be regarded as an "unfit" house. This property was, therefore, re-classified as "grey" land and transferred to Part III of the Order Schedule.

2. **Grimsby (Hope Street No.3) Compulsory Purchase Order, 1968, involving 107 houses.**

The Inquiry was also held on the 12th November, 1968, and the Order has now been confirmed without modification.

One other Order confirmed by the Minister during the year without a Public Inquiry being held and without modification was as follows :—

### **Grimsby (Eleanor Street No. 1) Compulsory Purchase Order (involving 6 houses).**

3. Other areas represented but not confirmed by the end of the year were:—

The Grimsby (West Marsh No. 2) C.P.O. 1968 involving 49 houses.

The Grimsby (West Marsh No. 4) C.P.O. 1968 involving 62 houses.

The Grimsby (West Marsh No. 5) C.P.O. 1968 involving 50 houses.

Total number of houses represented for demolition during the year—334.

Total number of houses included in areas confirmed during the year—170.

On the 25th September, 1968, the Town Council approved a programme of clearance and re-building of houses covering a period of four years (1969, 1970, 1971 and 1972).

### **Individual Unfit Houses.**

Closing Orders under the provisions of Section 17 of the Housing Act, 1957, were made in respect of the following houses :—

4 Arlington Street

154 Ayscough Street

Back 294, 268, and

Back 437 Cleethorpe Road

116 Connamore Road

6 Holles Street

19 Pelham Street

17 and 91 Weelsby Street

181 Willingham Street

17 Yarborough Street

Other houses represented under Section 16 of the Housing Act, 1957, but not yet subject to Closing Orders were as follows :—

19 Ainslie Street

251/253 and

Back 321 Cleethorpe Road

100 Chapman Street

11 Cobden Street

38 Garibaldi Street

Back 66 Holles Street

100 Heneage Road

1 and 2 Peak's Cottages

7 Weelsby Street

17 Wellington Street

Demolition Orders were made in respect of the undermentioned properties:—  
28 Grantham Avenue                      66 Hamilton Street

## Housing Statistics

Houses represented under Section 16 of the Housing Act, 1957	27
Demolition Orders made	2
Closing Orders made	12
Number of houses erected in the Borough	
(a) By the local authority	316
(b) By private enterprise	186
<b>Total</b>	<b>502</b>

Number of houses demolished during the year .....	294
Housing—Inspections	
Houses (Housing Act) .....	555
Houses, defects and nuisances (Public Health Acts) .....	2,643
Overcrowding (Housing Act) .....	30
Notices :—	
Informal notices served .....	562
Statutory notices served (702 Public Health Acts, 9 Grimsby Corporation Act) .....	711

Work in default of compliance with Statutory Notices was carried out by contractors on behalf of the Corporation in respect of 182 notices.

Defects remedied and nuisances abated included:—

Defects remedied and houses abated		Dampness abated	
Chimney repairs .....	44	Drains cleared	54
Doors and frames renewed		(involving 5,746 houses) ..	1,511
or repaired .....	94	Eavesgutters renewed or	
Drain repairs .....	41	repaired .....	252
Fireplace and range repairs ..	37	Offensive smells abated .....	7
Floor repairs and renewals ..	127	Rainwater pipe repairs and	
Plaster repairs .....	244	renewals .....	70
Roof repairs .....	261	Stairway repairs .....	21
Sink and pipe repairs .....	13	Water closet repairs .....	74
Wall repairs .....	51	Window repairs .....	165
Water pipes and taps repaired	41		
Yard and path paving repaired	19		

### Improvement and Standard Grants.

The recent trend towards a larger number of improvements being carried out was again followed during the year, many of the applicants being referred to this department by their own building contractors.

Many applicants for grants experienced great difficulty in raising money for their portion of grant work, otherwise the number of dwellings improved during the year would have been greater. Applicants purchasing their houses by means of private mortgages were the people most adversely affected.

	1968	1967
Number of dwellings for which applications were received during the year .....	270	202
Number of dwellings for which grants were approved :—		
(a) Standard Grants .....	118	116
(b) Discretionary Grants .....	87	110
Number of dwellings improved during the year :—		
(a) Under Standard Grants .....	104	74
(b) Under Discretionary Grants .....	100	53

Number of houses owned by the Local Authority which have been subject of grant aid by the Ministry .....	Nil	1
Number of visits made for the purpose of inspection and supervision of work .....	2,729	2,174
Number of representations received from tenants under Section 19 of the Housing Act, 1964 .....	5	6
Number of houses improved to the full standard after representation		
(a) By notice .....	Nil	Nil
(b) Voluntarily .....	2	5
Total amount of Grants paid .....	1967 — £21,009.9.9d.	
	1968 — £28,806.4.9d.	

During the year the Ministry of Housing and Local Government issued a White Paper on "Old Houses into new Homes" and its main intention is to repeal the Improvement Area provisions of the Housing Act, 1964, which have proved to be cumbersome in practice and it is hoped that the new legislation to be laid before Parliament during 1969 will streamline procedure and improve some aspects of the law when dealing with Improvement Areas.

Discretionary and Standard Grants are to be increased and some changes are proposed regarding the payment of compensation for owner/occupied houses subject to inclusion in future clearance areas and "well maintained" payments for tenanted houses.

Since the war the first aims of housing policy have been to provide enough housing accommodation to overcome the shortage, to keep up with the ever growing number of households and, since 1955, to replace the worst of our older houses. During this time local authorities and house owners have been encouraged by subsidies and other means to carry out improvements to provide the basic standard amenities in our older houses, but for the most part improvements have been carried out by owner/occupiers and the results have been patchy. The need for large new building programmes will remain for some years ahead to re-house displaced families from clearance areas in some areas of the country, but the balance of need between new house building and improvement is now changing, so there must be a corresponding change in the emphasis of local authority housing programmes. It is the intention of the Government in the White Paper, therefore, that within a total of public investment in housing at about the same level it has now reached, a greater share should go to the improvement of the older housing stock.

The aims of the White Paper to be embodied in proposed legislation are to speed slum clearance and prevent older houses falling into decay. It is in these fields that Public Health Departments are particularly well equipped in training, expertise and outlook to provide the greatest contribution to the solution of the problems.

The White Paper states that the Government wishes local authorities to devote their main efforts in future to the improvement of whole areas, not just individual houses—though grants for improving individual houses will be continued and will be used in area improvement.

In 1965 a preliminary survey was carried out in Grimsby to ascertain which houses were in need of improvement for possible inclusion in future improvement areas.

The total number of houses surveyed was 3,883.

- (a) Number of owner/occupied houses = 2,345
- (b) Number of houses let to tenants = 1,538



It is interesting to note that at the time of this survey 60 per cent of the houses were owner/occupied.

The information obtained indicates that the dwellings within this area are ideal for the use of Improvement Area procedure, including, where appropriate, environmental improvement.

As a result of this information the Grimsby (Durban Road No.1) Improvement Area under Part II of the Housing Act, 1964, was declared on the 15th March, 1967, involving a total of 175 houses, 46 of which were tenanted. The formal procedures under this part of the Housing Act, 1964, were brought into operation early in the year and work is now proceeding in providing the missing standard amenities.

#### **Certificates of Disrepair — Rent Act, 1957.**

(a) Number of applications for Certificates of Disrepair .....	1
Number of decisions to issue Certificates .....	1
Number of undertakings given by landlords .....	Nil
Number of Certificates issued .....	1
(b) Applications by landlords to Local Authority for cancellation of Certificates .....	Nil
Objections by tenants to cancellations of Certificates .....	Nil
Certificates cancelled by Local Authority .....	Nil

#### **Caravan Sites Act, 1968 — Ministry of Housing and Local Government Circular 49/68.**

There are no licensed caravan dwellers within the Borough and no sites are provided for this purpose.

On receipt of the above-mentioned Circular 49/68 the Town Clerk submitted a report to the Public Protection Committee on the question of the provision of a suitable site for gipsy caravans in accordance with Part II of the Act.

After due consideration of this matter the Town Council resolved that as this local authority has not had a gipsy problem during the five years ended the 1st May, 1968, sufficient to warrant the provision of such a site, application be made for exemption under the provisions of Part II of the Act.

**Common Lodging Houses.**—The Brighowgate Hostel, occupied by the Salvation Army, with accommodation for 100 men was visited regularly and always found to be well managed and maintained.

The Seamen's Hostel in Riby Square was taken over by the Town Council in June, 1967, and has accommodation for 38 men. The premises are under the administration of the Director of Welfare Services and are known as "Riby House."

**Seamen's Hostel.**—The new Royal National Mission to Deep Sea Fishermen Hostel in Hope Street, Grimsby, was opened on the 5th August, 1967, and was built at a total cost of £186,000. This hostel replaces the Mission's previous premises in Riby Square.

The new premises are four storeys in height and there are a total number of 51 single person bedrooms each fitted with a wash-hand basin with hot and cold water supplies, furnishings and fittings. The charge per night is 12/6d. per room. Two bathrooms each with a bath and shower accessory and wash-hand basin are situated on each floor. There are also three water closets.

Facilities provided include a launderette, residents' lounge, library, writing room, games room, first aid room and residents' dining room. There is also a chapel. In addition to the residents' facilities a public cafeteria is provided.

Three main meals are offered daily, plus snacks at any time for late arrivals. The hostel is open to accommodate fishermen only, but in emergency other seafarers are accepted.

## PART VI.—INSPECTION AND SUPERVISION OF THE FOOD SUPPLY

Mr. Adrian Manson, Chief Public Health Inspector is responsible for this section of the work :—

### Inspections

Bakehouses .....	84	Confectioners shops .....	29
Dairies and milk vendors .....	10	Fish curers .....	26
Fish shops .....	35	Food preparers .....	145
Food stalls and mobile vehicles .....	46	Fried fish shops .....	66
Greengrocers .....	27	Grocers .....	394
Ice cream makers and vendors .....	42	Licensed premises .....	108
Markets .....	142	Meat shops and stores .....	156
Restaurants and cafes .....	175	Schools and hospital kitchens .....	56
Sweet shops .....	44	Unsound food inspection .....	70
Visits for sampling .....	226	Other matters .....	176

**Slaughterhouses.**—There are no private slaughterhouses in the Borough.

In the Corporation Abattoir 6,150 cattle, 13,965 sheep, 306 calves and 24,147 pigs were slaughtered during the year.

All carcasses of animals slaughtered were inspected in accordance with the Meat Inspection Regulations, 1963, and the Meat Inspection (Amendment) Regulations, 1966, and were stamped with the Inspectors' official stamps.

**Meat Inspections.**—Statistics about carcasses and offals inspected and condemned are set out below :—

	Cattle exclud- ing cows	Cows	Calves	Sheep and lambs	Pigs
Number killed .. ..	5,919	231	306	13,965	24,147
Number inspected ..	5,919	231	306	13,965	24,147
All diseases except Tubercu- losis and Cysticerci ..					
Whole carcasses condemned	1	6	—	6	38
Carcasses of which some part or organ was condemned	1,443	88	9	901	6,639
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ..	24.56	40.69	2.94	6.49	27.65
Tuberculosis only: Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part or organ was condemned	2	—	—	—	349
Percentage of the number inspected affected with tuberculosis .. ..	.034	—	—	—	1.45

	Cattle exclud- ing cows	Cows	Calves	Sheep and lambs	Pigs
Cysticercosis: Carcases of which some part or organ was condemned	19	—	—	38	—
Carcases submitted to treat- ment by refrigeration ..	2	—	—	—	—
Generalised and totally condemned .. ..	—	—	—	—	—

Horse flesh for human consumption was not sold or dressed in Grimsby.

Diseases and unsound conditions found at the Abattoir included :—

Abscesses, actinobacillosis, actinomycosis, arthritis, atrophy, bruising, cirrhosis, C. Bovis and Ovis, congestion, contamination, cysts, emaciation, emphysema, enteritis, erysipelas, fascioliasis, fractures, gangrene, hydronephrosis, icterus, infarcts, Johnes disease, metritis, melanosis, milk spot, muscular degeneration, necrosis, nephritis, oedema, parasites, pentastomes, pericarditis, petechii, peritonitis, pleurisy, pneumonia, pyelonephritis, pyaemia, septicaemia, strongli. tuberculosis, tumours, telangiectasis.

Weight of meat condemned — 34 tons, 1 stone.

Inspection of other foods resulted in the condemnation of :—

	tons	cwts.	qrs.	lbs.
3,547 tins, 2,038 packets and 264 bottles of various foods .....	1	19	1	11
Meat .....	1	2	1	27
	3	1	3	10

**Disposal of unsound meat and other foods.**—Facilities continued to be given for the collection of certain offals and glands for pharmaceutical purposes. All other condemned meat at the Abattoir was collected according to the regulations and processed at an approved plant at Killingholme.

Unsound tinned food was buried on the Corporation Tip as no incineration plant is yet available.

**Food Inspection — Export Certificates.**—There has been a considerable increase in the number of export certificates issued for frozen foods and dried fish manufactured and/or distributed from factories and cold stores within the Borough. This has necessitated more frequent inspections and sampling of foodstuffs for bacteriological and chemical examinations.

One thousand and eighty-one certificates were issued for dried salted fish and quick frozen foods sent to :—Aden, Algeria, Arabian Gulf, Australia, Bahamas, Bermuda, Canada, Cyprus, France, Gambia, Ghana, Gibraltar, Greece, Holland, Hong Kong, India, Iran, Italy, Jamaica, Japan, Kuwait, Lebanon, Liberia, Libya, Madeira, Malta, Mauritius, Monrovia, Norway, Persian Gulf, Portugal, Saudi Arabia, Siam, Sierra Leone, Singapore, South Africa, Spain, Sweden, Thailand, Tripolitania, U.S.A., West Indies, West Germany.



**Milk Supply.**—All the milk sold within the Borough was heat treated in the two local dairies before sale to the public.

**Milk (Special Designations) Regulations, 1963, and the Milk (Special Designations) (Amendment) Regulations, 1965.**

Wholesalers of Milk .....	2
Dealer's (Pasteuriser's) Licences .....	2
Dealer's (Steriliser's) Licences .....	2
Licences to sell Sterilised Milk (mainly retail shops) .....	289
Licences to sell Ultra-Heat Treated Milk .....	5

**Bacteriological Examinations.**

**Milk.**—Samples of milk were taken regularly from the processing plants, milk shops, vending machines, schools and during course of delivery to consumers.

Details of the examinations carried out are given in the undermentioned Table :—

**Examinations of Designated Milks**

Designation	Number examined	Satisfactory	Failed Methylene Blue Test	Failed Phosphate Test	Failed Turbidity Test
Pasteurised ..	22	21	1	—	—
Sterilised ..	12	12	—	—	—
Totals ..	34	33	1	—	—

**Ice Cream.**—Samples of Ice Cream are collected in sterile containers and conveyed to the laboratory in insulated sampling cases. They are then subjected to the Methylene Blue Test in order to assess their relative hygienic qualities.

All the samples were also examined for the presence of B. Coli.

**Ice Cream Samples — Methylene Blue Test**

	No. of samples	Satisfactory	Unsatisfactory	Methylene Blue Grading			
				1	2	3	4
Soft Ice Cream	2	2	—	2	—	—	—
Other Ice Cream	8	8	—	6	2	—	—
	10	10	—	8	2	—	—

Seven informal samples of ice cream were submitted for chemical examination, all of which were found to comply with the Food Standards (Ice Cream) Regulations, 1959. The average fat content of these samples was 7.99 per cent.

**Other Foods.**—Three hundred and eight samples of other foods were submitted for bacteriological examination. This work is undertaken in the Department of Pathology at the Grimsby General Hospital.

Nine samples of Fresh Cream were found to be unsatisfactory. The manufacturers concerned were informed of the results of these samples and have now provided a laboratory within the factory to control the bacteriological quality of this product.

## Food Hygiene (General) Regulations, 1960.

Type of premises	(i)*	(ii)**	(iii)†	(iv)††
1. Bakehouses .. .. .	31	31	31	31
2. Bakers' and Confectioners' shops ..	42	42	42	42
3. Butchers' shops .. .. .	93	92	93	93
4. Cafes, restaurants, canteens, kitchens, snack bars .. .. .	107	107	107	107
5. Sweet shops and sweet manufacturers ..	60	59	58	58
6. Fish curers .. .. .	8	8	8	8
7. Preparation of shell fish .. .. .	1	1	1	1
8. Wet and Fried Fish shops .. .. .	73	71	73	72
9. Food manufacturers .. .. .	12	12	12	12
10. Fruiterers and Greengrocers .. .. .	49	47	46	46
11. Grocers .. .. .	265	262	256	240
12. Ice Cream Makers .. .. .	7	7	7	7
13. Hotels and licensed premises .. .. .	97	94	91	90
14. Mineral water manufacturers .. .. .	3	3	3	3
15. Pickle makers .. .. .	1	1	1	1
Totals .. .. .	849	837	829	811

(i)\* the number of premises.

(ii)\*\* the number of premises fitted to comply with Regulation 16 (i.e. a wash basin with hot and cold water supplies — for hand washing.)

(iii)† the number of premises to which Regulation 19 applies.

(iv)†† the number of premises fitted to comply with Regulation 19 (i.e. a sink with hot and cold water supplies — for washing of food and equipment).

**Food Hygiene.**—The Deputy Chief Public Health Inspector carried out some further work during the year on the swabbing of utensils and equipment used in food preparing premises to note the standard of cleanliness being maintained. Unsatisfactory cultures were shown to the management and staff of the premises concerned and advice given re adequate cleansing and sterilization at all times.

One hundred and sixty-eight informal notices were served in respect of contraventions of the Food Hygiene (General) Regulations, 1960, and the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.

During the year the following cases were heard at the Grimsby Magistrates' Court concerning contraventions of the Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966 and the Food Hygiene (General) Regulations, 1960:—

1. *Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.*

Five cases of smoking under Regulation 8(e) were taken against food handlers, four of which were convicted and fines totalling £13 imposed.

2. *Food Hygiene (General) Regulations, 1960.*

(a) **Grocer's Shop.** The owners were convicted on six contraventions under Regulations 16, 21 and 23. Fines totalling £16 were imposed.

(b) **Grocer's Shop.** The owner was convicted on five of eight contraventions under Regulations 14, 17, 19 and 23. Fines imposed totalled £6.10.0d.

(c) **Grocer's Shop.** The defendants were convicted on sixteen contraventions under Regulations 6, 14, 16, 23 and 24. Total fines imposed—£176.

- (d) **Butcher's Shop.** The defendants were convicted on seven contraventions of Regulations 6, 8, 14 and 23. Total fines imposed—£67.
- (e) **Restaurant.** The defendants were convicted on nineteen of twenty-one contraventions under Regulations 6, 8, 14, 16, 21, 23 and 24. Fines imposed amounted to £159.
- (f) **Fish Shop.**—The defendant was convicted on four of six contraventions under Regulations 6, 16, 18 and 19. Total fines imposed—£12.

The total fines imposed under the above-mentioned Regulations amounted to £449.10.0d.

### Food and Drugs Act, 1955

**Foreign Matter in Food, etc.**—73 complaints were received and investigated alleging the sale of unsound food or the finding of extraneous matter in food.

Type of Food	Nature of complaint			Total	Legal proceedings
	Foreign matter	Affected by mould	(a) Unsound (b) Unsatisfactory appearance, taste or smell		
Bread ... ..	6	4	—	10	—
Canned foods ... ..	4	2	5 (a)	11	—
Cereals ... ..	—	1	—	1	—
Cheese ... ..	—	1	—	1	—
Cooked meals ... ..	1	—	—	1	—
Cooked meats ... ..	—	1	—	1	—
Cooked beetroot ... ..	—	1	—	1	—
Confectionery, meat and fruit pies, pasties, etc. .	3	14	—	17	2
Canned fruits ... ..	1	—	3	4	—
Fresh fruit ... ..	—	—	1	1	—
Fresh meat ... ..	—	—	3 (a)	3	—
Iced lollies ... ..	1	—	—	1	—
Lemon curd ... ..	—	—	1 (b)	1	—
Milk ... ..	5	—	—	5	—
Marzipan ... ..	1	—	—	1	—
Milk (Dried) ... ..	1	—	—	1	—
Mineral water ... ..	1	—	—	1	—
Peanuts ... ..	1	—	—	1	—
Potatoes ... ..	—	—	6 (a)	6	—
Sausages ... ..	—	2	—	2	—
Synthetic cream ... ..	—	1	—	1	—
Yoghurt ... ..	—	1	1 (a)	2	1
Totals ... ..	25	28	20	73	3

### Legal Proceedings instituted — Food Complaints.

A firm of butchers was fined £20 for selling mouldy pork pies.

A firm of grocers was fined £10 for selling mouldy yoghurt.

A confectioner was fined £10 for selling a mouldy Christmas Cake.

**Food and Drug Samples.**—The number of food and drug samples submitted for analysis during the year was 127, details of which are set out in the Table below.

This work is undertaken by the Public Analysts, Messrs. A. H. Allen & Partners, 67 Surrey Street, Sheffield 1.



## Food and Drug Samples

Article	Number examined		Number examined	
	Informal	Number Adulterated	Formal	Number Adulterated
Apple Pie ... ..	1	-	-	-
Beefburgers ... ..	1	-	-	-
Beef Patie ... ..	2	-	-	-
Blackcurrant Pie ... ..	1	-	-	-
Bone and Vegetable Broth ... ..	1	-	-	-
Bubbly Gum ... ..	1	-	-	-
Brussels Sprouts ... ..	2	-	-	-
Chicken Pie Supreme ... ..	1	-	-	-
Chicken Broth ... ..	1	-	-	-
Chicken Fillets in Jelly ... ..	1	-	-	-
Cream, Fresh ... ..	6	-	-	-
Creamed Cereal ... ..	1	-	-	-
Crinkle Cut Chips ... ..	1	-	-	-
Crumpets ... ..	1	-	-	-
Cocktail Shrimps in Brine ... ..	1	-	-	-
Cod Fillets ... ..	2	-	-	-
Cocktail Cherries ... ..	1	-	-	-
Cod Portions ... ..	1	-	-	-
Cold Slaw Pickle ... ..	1	-	-	-
Dairy Cream Sponge Cakes ... ..	1	-	-	-
Dried Marrowfat Peas ... ..	1	-	-	-
Fish Cakes ... ..	7	-	4	1
Fish Fingers ... ..	10	-	-	-
Full Fat Soft Cheese ... ..	1	-	-	-
Gluco Ice Lolly Mixture ... ..	1	-	-	-
Ground Almonds ... ..	1	-	-	-
Hamburgers ... ..	1	-	-	-
Ice Cream ... ..	7	-	-	-
Jam ... ..	6	-	-	-
Jelly Marmalade ... ..	1	-	-	-
Kali Powder ... ..	1	-	-	-
Lemon Curd ... ..	1	-	-	-
Meat Pie ... ..	1	-	-	-
Meat Savouries in Gravy ... ..	2	-	-	-
Milk ... ..	8	-	8	-
Minced Beef ... ..	4	-	-	-
Minced Steak Pie ... ..	1	-	-	-
Minced Steak in Gravy ... ..	1	-	-	-
Orange Flavoured Jelly ... ..	1	-	-	-
Orange Juice ... ..	7	-	-	-
Pineapple Milk Shake ... ..	1	-	-	-
Pork Pies ... ..	2	-	-	-
Pork Sausages ... ..	2	-	-	-
Raisin Bran Cereal ... ..	1	-	-	-
Sausage Rolls ... ..	2	-	-	-
Smoky Bacon Cheese ... ..	1	-	-	-
Steakburgers ... ..	3	-	-	-
Shepherd's Pie ... ..	1	-	-	-
Steak Pie (Cooked) ... ..	1	-	-	-
Tartare Sauce ... ..	1	-	-	-
Tomato Juice ... ..	2	-	-	-
Uncooked Cornish Pasty ... ..	1	-	-	-
Benylin Expectorant ... ..	1	-	-	-
Dimyrl Cough Linctus ... ..	1	-	-	-
Meggezones ... ..	1	-	-	-
Mint Skels ... ..	1	-	-	-
Soneryl Tablets ... ..	1	-	-	-
Stalazine Tablets ... ..	1	-	-	-
Totals ... ..	115	-	12	1

Total number of samples analysed during the year = 127

Number of samples adulterated — 1 = .8%

Five other samples of food were also submitted for special analysis.

One formal sample of Fish Cakes examined was found to contain only 17.4 per cent of fish whereas the Food Standards (Fish Cakes) Order, 1950, requires that not less than 35 per cent of fish shall be present in a fish cake. This sample was thus deficient in fish to the extent of 50.2 per cent.

Legal proceedings were instituted against the manufacturer concerned and a fine of £5 was imposed by the Magistrates.

**Pesticides in Food.**—Four samples were submitted for special analysis with reference to the National Survey which is being carried out to determine the amount of pesticides in food.

The results are set out below :—

<i>Sample No.</i>	<i>Food</i>	<i>Pesticide Contaminant (in parts per million)</i>
P.173	Sterilised Milk	Dieldrin 0.0037 This amount of organo-chlorine compound is in excess of the amount considered significant for the purposes of the Pesticide Residue Scheme namely .002 parts per million.
P.37	Creamed Cereal (Baby Food)	None detected
P.71	Bone and Vegetable Broth (Baby Food)	Dieldrin : trace. Well below reporting limit.
P.72	Chicken Broth (Baby Food)	None detected.

**Public Health (Preservatives, etc., in Food) Regulations.**—The Public Analyst examined 104 samples submitted for evidence of preservatives.

**Fertilisers and Feeding Stuffs Act, 1926.**—Fifteen formal samples, including seven of feeding stuffs and eight of fertiliser, were examined during the year. All conformed to the statutory statements issued.

## PART VII. — ADDITIONAL INFORMATION

### NATIONAL ASSISTANCE ACTS : INCIDENCE OF BLINDNESS

Thirty forms B.D.8 were received during the year. As a result of examinations carried out by the ophthalmic surgeons, 11 persons were certified as blind and 13 as partially sighted. There were also 5 re-examinations showing no change and one decertification. No cases of retrolental fibroplasia were reported.

The total number of blind persons in the Borough on the 31st December was 147 (54 males and 93 females). The number of partially sighted persons was 91 (37 males and 54 females).

#### *Follow-up of Registered Blind and Partially-Sighted persons*

(i) Number of cases registered during the year in respect of which Form B.D.8 recommends:—	Cause of disability			
	<i>Cataract</i>	<i>Glaucoma</i>	<i>Retrolental fibroplasia</i>	<i>Others</i>
(a) No treatment .. .. .	5	—	—	3
(b) Treatment (medical surgical or optical) ..	6	1	—	9
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. .	4	1	—	8

### PERSONS IN NEED OF CARE AND ATTENTION

It was only necessary during the year to take action under Section 47 of the National Assistance Act, 1948, to remove one female, aged 79 years, to chronic sick accommodation.

### EPILEPTICS AND SPASTICS

From such information as is available the incidence of epilepsy and cerebral palsy in Grimsby is as follows:—

#### *Epileptics*

		<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school .. ..	Males	—	18	—	18
	Females	—	29	—	29
At special school .. ..	Males	—	—	—	—
	Females	—	2	—	2
At training centre .. ..	Males	—	1	1	2
	Females	1	1	1	3
*In employment.. ..	Males	—	—	17	17
	Females	—	—	4	4
At home .. ..	Males	2	—	18	20
	Females	2	—	2	4
TOTALS .. ..		5	51	43	99



*Spastics*

			<i>Under 5</i>	<i>5-15</i>	<i>16 and over</i>	<i>Total Number</i>
At ordinary school .. ..	Males		—	3	—	3
	Females		—	9	—	9
At special school .. ..	Males		—	—	1	1
	Females		—	—	—	—
At training centre .. ..	Males		4	1	—	5
	Females		—	3	1	4
*In employment .. ..	Males		—	—	3	3
	Females		—	—	—	—
At home .. ..	Males		2	1	—	3
	Females		4	2	1	7
TOTALS .. ..			10	19	6	35

\*Per Disablement Resettlement Officer, local office of Ministry of Labour.

### MEDICAL EXAMINATIONS

Medical examinations for superannuation purposes were carried out on 252 employees during the year, 238 by medical staff of the department and 14 by requests to other local authorities. Of these 2 were found unfit for entry into the superannuation scheme, and 3 were deferred for a probationary period.

Twelve employees for retirement on medical grounds were referred to the Medical Referee, and the Medical Officer of Health investigated and made special reports on 28 employees who had been absent from duty for a period of three months and over.

Examinations for entry into the teaching profession numbered 42, 8 of these by requests to other authorities. Each candidate received x-ray examination of the chest before appointment and all were found to be fit for entry into the profession. One hundred and thirteen candidates for admission to training colleges were also examined by the medical staff.

The number of persons examined for employment in the School Meals Service and the College of Technology Refectory of the Local Education Authority was 158. This examination, which includes tests for carrier conditions, is a valuable protection against the risk of food poisoning and fully justifies the time and trouble taken. None of the candidates were found to be unfit for such employment.

Two firemen were also examined by the medical staff in accordance with the provisions of the Fire Services (Appointments and Promotions) Regulations, 1950.

The above represents a total of 579 medical examinations during the year, 545 of which were performed by medical staff of the department, compared with 567 and 536 respectively in 1967.

As recommended in Ministry of Health Circular 64/50—Protection of Children from Tuberculosis—42 employees of the local authority whose work brings them into contact with young children were referred for x-ray examination of the chest.

### BLOOD DONORS

The Watkin Street Clinic is placed at the disposal of the Sheffield Regional Transfusion Team to hold taking sessions and was utilised on two occasions during the year.

### LABORATORY FACILITIES

The examination of specimens is carried out in the pathological laboratory at the Grimsby General Hospital. A total of 1,062 specimens was sent by the health department, compared with 1,253 in 1967.

### GRIMSBY CREMATORIUM

The Medical Officer of Health and his Deputy act as Medical Referee and Deputy Medical Referee respectively to the Grimsby Crematorium.

The number of cremations which have taken place in the past five years is as follows :—

Year	Grimsby residents	Residents from other areas	Total
1964	625	1,122	1,747
1965	599	938	1,554
1966	616	909	1,508
1967	698	815	1,513
1968	665	933	1,598

## PART VIII

### SCHOOL HEALTH SERVICE



**SCHOOL HEALTH SERVICE**

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**REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR 1968**

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*To the Chairman and Members of the Education Committee.*

It is a pleasure to report yet again that the health and nutrition of the school population remains very satisfactory.

There was no serious epidemic during the year, and once more not a single case of diphtheria or poliomyelitis was reported. The measles vaccine was introduced for the first time and offered to those who had not previously had measles. Scabies, although higher than average, fell to less than half of that for 1967. Impetigo needs constant watching and head cleanliness continued at the usual high level.

There does seem to be an increase in the incidence of verrucae and despite the fact that dermatologists still maintain the exact method of spread is unproven, it does seem to be associated with the increase in swimming, shower bathing and other bare footed activities. Only by the complete co-operation of parents, pupils, teachers and school health staff can this nuisance be eradicated.

It will be noted that the Child Guidance and Speech Therapy Services have done a full complement of cases, while the School Dental Service suffers from the chronic manpower shortage.

Again it was impossible to replace retired school nurses with health visitors, and those in post had for part of the year to try and cover extra schools.

I am pleased to pay tribute to the Chairman and Members of the Education Committee for the interest they have shown, and to the Director of Education and his staff for their unstinted help. My grateful thanks go to the head teachers and their staffs, without whose co-operation the School Health Service could not be carried out efficiently.

**R. GLENN,**  
*Principal School Medical Officer*

HEALTH DEPARTMENT,  
QUEEN STREET,  
GRIMSBY.  
April, 1969.

**GRIMSBY COUNTY BOROUGH EDUCATION COMMITTEE***The Worshipful the Mayor*—Councillor T. W. SLEEMAN, J.P.*Chairman*—Councillor G. R. BERRETT*Vice-Chairman*—Councillor F. J. SHINNER*Director of Education*—J. E. SHEPHERD, M.A.**STAFF OF SCHOOL HEALTH SERVICE***Medical Officer of Health and Principal School Medical Officer*—

ROBERT GLENN, M.B., B.Ch., B.A.O., D.P.H., F.R.S.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer*—

ROBERT G. HAUGHIE, M.B., Ch.B., D.P.H.

*School Medical Officers*—

EILEEN M. PRIOR, L.R.C.P., M.R.C.S.

JACK BUCKINGHAM, M.B., Ch.B., D.P.H.

ANNE DOCKER, M.B., Ch.B.

*Principal Dental Officer*—

GEOFFREY S. WATSON, B.D.S., L.D.S.

*Dental Officer*—

PAUL W. GENNEY, B.D.S.

*Part-time Dental Officers*—

DAVID U. E. MILLER, L.D.S., R.C.S. (Eng.)

JENNIFER AYERS, L.D.S.

*Part-time Medical Anaesthetist*—

F. M. MacDONAGH, M.R.C.S., L.R.C.P.

*Principal Nursing Officer*—Mrs. I. HALDANE*Health Visitor/School Nurses*—Miss M. TIPPLER, Miss M. BAGG, Mrs. J. RICHARDS, Mrs. M. KOZLOWSKI,  
Miss J. BELL, Miss I. ADAMSON, Mrs. M. DAWSON, Mrs. I. STOREY, Miss H.  
BRAGG (retired: 31.10.68), Miss H. NUNNS.*School Nurses*—Miss H. SCARLETT, Mrs. A. NICHOLSON, Mrs. M. WALMSLEY, Mrs. W. MASON,  
Mrs. L. HALLAM, Mrs. O. TAYLOR (part-time).*Clinic Nurses*—Mrs. S. GARROD, Mrs. M. HANSON, Mrs. M. LINFITT (appt: 28.10.68, res:  
27.12.68).*Dental Attendant*—Mrs. M. FINNIE, Miss S. CASH, Mrs. J. HARNIESS (part-time, res: 13.4.68), Miss  
I. CHASE, Miss M. CUTTING.*Clerical Staff*—Miss A. ROBERTS, Mrs. M. AYLOTT (Dental), Miss S. HEAD,  
Miss J. BINNINGTON.

**GENERAL INFORMATION**

Home population at all ages (estimated at 30th June, 1968) 97,030.  
 Estimated child population (30th June, 1968).

Under 1 year	...	...	1,740
1 to 4 years inclusive	...	...	7,160
5 to 14 years inclusive	...	...	16,500
Total under 15 years	...	...	<u>25,400</u>

**Primary Schools***Number on Rolls*

Number of schools	...	...	22	10,960
Number of departments	...	...	42	

**Secondary Schools**

Number of schools	...	...	5	3,148
Number of departments	...	...	8	

**Secondary Grammar and Technical Schools**

Grimsby Wintringham Grammar School	...	...	...	1,119
Havelock School	...	...	...	1,028
Technical School	...	...	...	672
Hereford Comprehensive School	...	...	...	1,174

**Special School**

Carnforth Day Special School	...	...	...	138
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**Nursery School**

Nunsthorne Nursery School	...	...	...	42
Total number of pupils on rolls (January, 1969)	...	...	...	<u>18,281</u>



**PART 1—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (Including Nursery and Special Schools)**

**TABLE A—PERIODIC MEDICAL INSPECTIONS**

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examina- tion	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examina- tion (See Note 1 above)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satis- factory	Unsatis- factory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later	203	203	—	—	—	18	16
1962	1,097	1,097	1	—	5	106	97
1961	807	807	—	—	4	95	91
1960	108	108	—	—	—	23	19
1959	24	24	—	—	—	7	5
1958	12	12	—	—	—	1	1
1957	33	33	—	—	—	3	3
1956	1,022	1,022	—	—	32	93	115
1955	552	552	—	—	11	60	65
1954	41	41	—	—	—	11	10
1953	524	524	—	—	27	27	64
1953 and earlier	1,052	1,051	1	—	46	74	100
TOTAL	5,475	5,473	2	—	125	518	586

Col. (3) total as a percentage of Col. (2) total 99.96% per cent. } to two places.  
 Col. (4) total as a percentage of Col. (2) total 0.04% per cent. } of decimals.

**TABLE B.—OTHER INSPECTIONS**

**NOTES:** A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	...	...	...	...	...	239
Number of Re-inspections	...	...	...	...	...	41
Total						280

**TABLE C.—INFESTATION WITH VERMIN**

**NOTES:** All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	39,128
(b) Total number of individual pupils found to be infested	...	1,071
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	60
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944 ..	...	73

**PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL  
MEDICAL INSPECTIONS DURING THE YEAR**

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
4	Skin .. ..	T	14	14	28	56	155
		O	104	44	121	269	—
5	Eyes—						
	a. Vision ..	T	8	70	47	125	—
		O	53	144	305	502	10
	b. Squint ..	T	17	2	10	29	—
		O	56	9	44	109	1
	c. Other ..	T	1	2	3	6	11
		O	18	10	6	34	—
6	Ears—						
	a. Hearing ..	T	30	12	17	59	1
		O	30	11	37	78	1
	b. Otitis Media	T	7	1	3	11	—
		O	41	6	29	76	—
	c. Other ..	T	3	1	—	4	1
		O	31	9	20	60	—
7	Nose and Throat	T	35	2	9	46	—
		O	281	22	103	406	—
8	Speech .. ..	T	5	—	4	9	—
		O	53	6	33	92	1
9	Lymphatic Glands	T	1	—	2	3	—
		O	18	—	3	21	—
10	Heart .. ..	T	8	1	4	13	—
		O	34	9	24	67	2
11	Lungs .. ..	T	6	—	2	8	—
		O	84	15	50	149	—
12	Developmental—						
	a. Hernia ..	T	12	—	6	18	—
		O	13	11	7	31	—
	b. Other ..	T	3	2	11	16	—
		O	28	—	36	64	2
13	Orthopaedic—						
	a. Posture ..	T	—	—	1	1	—
		O	3	1	4	8	—
	b. Feet ..	T	2	2	6	10	—
		O	25	2	32	59	—
	c. Other ..	T	2	3	3	8	—
		O	20	9	25	54	—
14	Nervous System—						
	a. Epilepsy ..	T	1	—	1	2	—
		O	15	5	10	30	—
	b. Other ..	T	3	—	—	3	—
		O	8	1	15	24	14
15	Psychological—						
	a. Development	T	—	1	—	1	—
		O	29	—	115	144	—
	b. Stability ..	T	27	1	7	35	—
		O	84	5	155	244	—

## PART II—(continued) SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			ENTRANTS	LEAVERS	OTHERS	TOTAL	
16	Abdomen	T	—	1	1	2	—
		O	19	5	11	35	—
	Other	T	1	—	2	3	—
		O	10	—	15	25	5

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS  
(Including Nursery and Special Schools)

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint .. .. .	1
Errors of refraction (including squint) .. .. .	275
Total .. .. .	276
Number of pupils for whom spectacles were prescribed	229

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear .. .. .	6
(b) for adenoids and chronic tonsilitis .. .. .	37
(c) for other nose and throat conditions .. .. .	3
Received other forms of treatment .. .. .	15
Total .. .. .	61
Total number of pupils still on the register of schools at 31st December, 1967, known to have been provided with hearing aids:	
(a) during the calendar year 1967 (see note below)	6
(b) in previous years .. .. .	7

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments .. .. .	8
(b) Pupils treated at school for postural defects .. .. .	—
Total .. .. .	8



**TABLE D.—DISEASES OF THE SKIN**  
(excluding uncleanliness, for which see Table C of Part 1)

							Number of pupils known to have been treated
Ringworm—(a) Scalp	..	..	..	..	..	..	—
(b) Body	..	..	..	..	..	..	—
Scabies	..	..	..	..	..	..	59
Impetigo	..	..	..	..	..	..	33
Other skin diseases	..	..	..	..	..	..	69
Total							161

**TABLE E.—CHILD GUIDANCE TREATMENT**

	Number known to have been treated
Pupils treated at Child Guidance clinics .. .. .	704

**TABLE F.—SPEECH THERAPY**

	Number known to have been treated
Pupils treated by speech therapists .. .. .	238

**TABLE G.—OTHER TREATMENT GIVEN**

	Number known to have been treated
(a) Pupils with minor ailments .. .. .	1,601
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	—
(c) Pupils who received B.C.G. vaccination .. .. .	909
(d) Other than (a), (b) and (c) above	
Please specify: 1. Respiratory System ..	24
2. Cardio-Vascular System ..	7
3. Alimentary System .. ..	135
4. Central Nervous System ..	14
5. Genito-Urinary System ..	30
6. Other conditions not specified	25
Total (a)—(d) ..	2,745

## SCHOOL DENTAL SERVICE

### ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit ... ..	1,684	1,562	358	3,604
Subsequent Visits ... ..	875	2,542	725	4,142
Total Visit ... ..	2,559	4,104	1,083	7,746
Additional courses of treatment commenced ... ..	68	100	36	204
Fillings in permanent teeth ... ..	500	3,179	1,424	5,103
Fillings in deciduous teeth ... ..	423	115	—	538
Permanent teeth filled ... ..	409	2,565	1,045	4,019
Deciduous teeth filled ... ..	367	106	—	473
Permanent teeth extracted ... ..	329	1,092	292	1,713
Deciduous teeth extracted ... ..	2,852	699	—	3,551
General anaesthetics ... ..	1,143	774	114	2,031
Emergencies ... ..	831	454	71	1,356
Number of pupils X-rayed ... ..	...	...	...	141
Prophylaxis ... ..	...	...	...	420
Teeth otherwise conserved ... ..	...	...	...	1
Number of teeth root filled ... ..	...	...	...	40
Inlays ... ..	...	...	...	2
Crowns ... ..	...	...	...	6
Courses of treatment completed ... ..	...	...	...	2,945

### ORTHODONTICS

Cases remaining from previous year ... ..	93
New cases commenced during year ... ..	48
Cases completed during year ... ..	38
Cases discontinued during year ... ..	—
Number of removable appliances fitted ... ..	76
Number of fixed appliances fitted ... ..	1
Pupils referred to Hospital Consultant ... ..	—

### PROSTHETICS

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time) ... ..	—	1	—	1
Pupils supplied with other dentures (first time) ... ..	4	44	24	72
Number of dentures supplied ... ..	7	52	31	90

### ANAESTHETICS

General Anaesthetics administered by Dental Officers ... ..	Nil
---	-----

### INSPECTIONS

(a) First inspection at school. Number of pupils ... ..	4,116
(b) First inspection at clinic. Number of pupils ... ..	2,501
Number of (a) + (b) found to require treatment ... ..	4,168
Number of (a) + (b) offered treatment ... ..	4,168
(c) Pupils re-inspected at school or clinic ... ..	527
Number of (c) found to require treatment ... ..	374

### SESSIONS

Sessions devoted to treatment ... ..	1,312
Sessions devoted to inspection ... ..	23
Sessions devoted to Dental Health Education ... ..	14

### DENTAL HEALTH EDUCATION

Information should be given below about activities undertaken by the Authority.  
Distribution of posters to schools and leaflets and posters on all clinic waiting room notice boards.

## MEDICAL INSPECTIONS

**General condition of pupils inspected.**—Of the 5,475 children medically examined, 5,473 (or 99.96%) were classified as satisfactory, and 2 (0.04%) as unsatisfactory.

The number of pupils paying for school dinners was 8,251 and 1,665 were receiving them free. The daily number of children taking school milk was 9,576.

**Uncleanliness.**—Cleanliness inspections were carried out at regular intervals at various schools by school nurses, with statutory notices being issued to parents where indicated. Facilities are available at both school clinics for children's hair to be treated by a trained nurse in cases who repeatedly attend school in a verminous condition. A clinic nurse is in daily attendance at both School Clinics and D.D.T. preparation is issued free to parents with full instructions as to how to carry out the necessary treatment.

The following gives the details of inspections with a comparison shown in brackets for the previous year:—

Total inspections	...	...	...	39,128	(27,661)
Number of individual pupils found to be infested	...	...	...	1,071	(627)
Number of pupils found to be unclean at the time of routine medical inspections	...	...	...	21	(22)

**Diseases of the skin.**—The incidence per one thousand inspections of all skin diseases found at routine medical inspections during the last five years is as follows:—

	1964	1965	1966	1967	1968
All skin diseases	2.6	8.1	8.0	4.7	5.6
Scabies	0.1	—	0.7	1.0	0.2

The following shows the number of cases of contagious skin diseases seen by the Medical Officer and treated at the School Clinics during the same period:—

	1964	1965	1966	1967	1968
Scabies	1	18	48	117	59
Impetigo	17	6	4	14	33

No cases of ringworm of scalp or body came to notice in this five yearly period.

**School Clinics.**—There are two school clinics—one in Milton Road, Nuns-thorpe, and the other at 34 Dudley Street—both being open daily from 8.40 a.m. to 5.30 p.m. Minor ailment sessions are held each morning and a School Medical Officer attends three sessions per week. New cases seen by the clinic nurses were 1,545, with a total of 7,532 attendances.

Special clinics were held as follows: Ophthalmic (weekly), Cardiac (monthly or by arrangement), and Audiometry (fortnightly or by arrangement).

In addition the School Medical Officers carry out the examination of candidates for admission to training colleges and for entrants to the teaching profession.

**Defects of Vision and Diseases of the Eye.**—Refraction was carried out on 271 children (98 new cases) and glasses were prescribed for 229. Attendances were 435 and no new case of eye disease was referred from the school clinic during the year.



**Diseases of the Ear, Nose and Throat.**—Audiometry: Hearing tests by the sweep method were carried out in the school, the results being as follows:—

Number tested ... ..	275
Number found satisfactory ... ..	197
Number referred to the school clinic for special examination and final disposal ... ..	78

**Nose and Throat Defects.**—The number of cases found to require treatment at routine and special inspections was 46. These were classified as follows:—

Chronic tonsillitis ... ..	19
Adenoids only ... ..	3
Chronic tonsillitis and adenoids ... ..	3
Other conditions ... ..	21

Appropriate treatment was carried out by the clinic nurse in suitably selected cases, as advised by the medical officers.

**Diseases of the Ear.**—A total of 104 cases (78 new) of otitis media were examined at the school clinic, and ten of these cases were referred to the E.N.T. Specialist on account of deafness.

**Heart Diseases and Rheumatism.**—During the year 10 consultative sessions were held at the school clinic, and 54 cases (of which 9 were new) made a total of 62 attendances.

#### HANDICAPPED PUPILS AND SPECIAL SCHOOLS REGULATIONS, (As at end of January, 1969)

Categories of Handicapped pupils	Number at ordinary school	Number at special school	Number not at school
Blind .. ..	—	1	—
Partially sighted .. ..	—	1	—
Deaf .. ..	—	8	—
Partially hearing .. ..	—	1	—
Educationally sub-normal ..	9	121	—
Epileptic .. ..	47	2	—
Maladjusted .. ..	1	5	—
Physically handicapped ..	—	6	1
Speech defect .. ..	—	—	—
Delicate .. ..	—	1	—

**Infectious Diseases.**—No school or department was closed on account of communicable disease during 1968.

The incidence of notifiable disease in children aged 5 to 15 years was as follows, the figures in brackets indicating the numbers notified in 1967.

Scarlet Fever 39 (131); measles 178 (361); whooping cough 5 (68); chickenpox 659 (376); dysentery 22 (30); acute meningitis 3 (—); infective jaundice 9 (—).

In addition, four children of school age were notified as suffering from pulmonary tuberculosis. Last year one child was notified as suffering from non-pulmonary tuberculosis.

**B.C.G. Vaccination.**—This work continued in the normal way with routine vaccination being offered to pupils over the age of twelve years, and the number to receive B.C.G. vaccination was 909. Children with positive skin test reactions are given an opportunity for x-ray examination at the Chest Clinic. The number of children dealt with during the past five years was as follows:—

<i>Year</i>							<i>Number Vaccinated</i>
1964	...	...	...	...	...	...	1,015
1965	...	...	...	...	...	...	1,405
1966	...	...	...	...	...	...	1,220
1967	...	...	...	...	...	...	274
1968	...	...	...	...	...	...	909

**Tuberculin survey in schools.**—There was no necessity for carrying out a tuberculin survey in any school this year.

**Diphtheria immunisation.**—Special diphtheria immunisation sessions were conducted at school premises in conjunction with medical inspections and of the following details 308 primary and 2,008 maintenance injections were carried out in schools.

<i>Primary Immunisation</i>		<i>Reinforcing injections</i>	
Under 5 years	1,288	Under 5 years	350
5 to 15 years	340	5 to 15 years	2,304
	<hr/> 1,628		<hr/> 2,654

The total primary immunisations for the previous year was 1,659 and reinforcing injections numbered 2,570.

**Poliomyelitis vaccination.**—The number of children who received the complete course of ORAL vaccine was as follows:—

Under 5 years	...	...	...	...	...	1,322
5 to 15 years	...	...	...	...	...	385
						<hr/> 1,707
Reinforcing doses	...	...	...	...	...	2,242
The total primary immunisations for the previous year was	...	...	...	...	...	1,676

As poliomyelitis vaccination is given concurrently with diphtheria immunisation, these figures coincide very much with those for diphtheria immunisation.

**Measles vaccination.**—During the early summer measles vaccination was carried out in primary schools in order to have as many children immunised before the expected epidemic in the autumn. Six hundred and thirty-three children of school age received immunisation, and it is noteworthy that the number of notified cases of measles in school children was 178 as compared with 361 the previous year.

**Health Education.**—A lengthy and very comprehensive programme has been carried out in senior schools this year; three in a Secondary Modern Girls' School, one each in a Boys' School and a large Comprehensive School.

Programmes covering (1) Child Care, (2) Personal and community hygiene, and (3) Understanding other people, the approach to manhood, and

family life, have been completed. Full use has been made of educational media such as films (both sound and strip), together with display material.

Programmes have been arranged to suit pupils taking the Certificate of Secondary Education, which require more detailed information about various services.

Pupils in a mixed stream of one sixth form showed great interest in the talk on the work of the health visitor and wanted to know more about the services for the expectant mother. It was felt by them that information about this service was not freely available before it was actually required. The above talks were all given in the classroom and in order to put some pupils in a more relaxed setting, which was felt to be necessary, the second course on Child Care which commenced with the Autumn term, is now held at the Infant Welfare Centre. There are two groups taking this course who will leave school at the age of 15 years and they require a different and more informal approach to the subject. Each group attends one morning weekly.

Guest speakers were invited and a project on the National Health Service was completed.

**Employment Certificates.**—During the year certificates were issued to 133 school children who were engaged in particular employment outside school hours.

**Provision of Clothing.**—Clothing was supplied to 426 children at a cost of £2,893.

## DENTAL SERVICE

*(Report by Mr. Geoffrey S. Watson, B.D.S., L.D.S.,  
Principal School Dental Officer)*

This has been a progressive and an interesting year. A new surgery has been installed at Milton Road Clinic, which now has two surgeries, together with alterations and improvements in the waiting room and reception areas. In addition, a further surgery has been completed at Dudley Street Clinic for the use of a dental auxiliary.

An oral health campaign, conducted through the medium of "Pierre the Clown" for the benefit of some 12,000 primary school children at the end of the year, was very well received and considered to be most successful by all concerned. The General Dental Council and the Fruit Producers Council are to be congratulated in making such a campaign available.

For some four months, the services of a dental auxiliary were available and useful work was carried out in the treatment side of pre-school age children in visiting schools to give talks and hold discussions on oral hygiene. It is to be hoped that a replacement can be made in the near future.

The professional staffing number remained at the equivalent of 2.5 full-time Dental Officers, exactly half of the establishment. However an appointment was made in December for a full-time dental officer to join the staff in the new year.

The writer wishes to thank his colleagues and members of staff, together with the staffs of the Education and Health Departments, for their assistance throughout the year.

## CHILD GUIDANCE SERVICE

*(Report by Mr. J. T. Sime, Senior Educational Psychologist)*

### PART ONE

The Grimsby Child Guidance Service has been in operation for twenty-one years. It is now taken for granted that a local authority should have its own Child Guidance Service but this need was by no means universally recognised



in the years just after the last war. Many bigger authorities were still undecided a number of years later. One must therefore pay tribute to the Education Committee of the day and to the Director of Education at the time, Dr. R. E. Richardson, for their far sightedness.

Child Guidance Services take many forms in different parts of the country. It was felt that in Grimsby the new service should be soundly based upon the schools and that the emphasis should be upon the child in the classroom. This policy was put into practice by the first educational psychologist, Dr. Jackson, and continued by his successor, Dr. Tyerman. This emphasis was fortunate because it meant that the Child Guidance Centre does not operate in isolation but is in constant touch with the very real problems that face every teacher. Our aim has always been prevention, and catching problems as early as possible before they have become full blown maladjustments incapable of alteration. When children go to school they come under the vigilant eyes of trained teachers. By basing the service on the schools we are tapping the experience and knowledge of these teachers who will be the first people to notice when a child has a problem that is either behavioural, educational or emotional. Furthermore, when a child is actually referred to the Child Guidance Centre, this same teacher-experience and expertise makes them a valuable source of information relevant to the child's difficulties.

The very first signs of psychological disturbance are often apparent in the classroom situation and frequently take the form of failure in school work in the first instance. The Remedial Teaching Service was set up to help children who were not necessarily dull but who for some reason were falling behind in school work. The Remedial Service is the roots of the Child Guidance Centre in the schools, sensitive to early signs of later emotional difficulties. When a child makes progress with remedial help in a reasonably short period possibly all will be well in the future, but when the problem cannot be solved so easily further investigations follow. Educational difficulties could be the tip of the iceberg, the first indication of maladjustment. Records from the remedial teachers are regularly scrutinised for evidence of insufficient progress.

When a child is referred to the Centre by the schools, routine testing is undertaken to ascertain the *degree of any educational problem*. During this examination, notes are made on the child who is carefully observed for symptoms of *emotional difficulties*. These tests yield valuable information because the pattern of scores will often show in which direction the source of the problem lies. A projection test may be used to discover what the child feels about his home or school difficulties. It is useless merely to *ask* him what is the matter, as was done by untrained social workers many years ago, because he cannot be expected to have the maturity or self-knowledge to answer such a question. The patterns thrown up by the projection tests are as infinitely varied as human life itself and reveal, not reality, but the environment *as the child sees it*. It is to this very personal view of his parents, family and school that the child may be reacting. Once you realise this, a child's apparently irrational fears or behaviour can be readily understood. A careful social history and an objective assessment of the home situation is made so as to compare with the projection test. This usually completes the investigation stage of our work although medical or other evidence may also be called for. The action which follows on our diagnosis is set out in section three of this report.

The educational basis for our work is essential but at the same time we maintain a close relationship with other services, including the Probation Service, the Children's Department, and in particular with the local medical services. General Practitioners have been most helpful. The Combined Clinic attended by Dr. Hunter, Paediatrician, and representatives of Child Guidance and the

School Health Service, continues to function. Other regular contacts are made with the School Health Service, particularly to co-ordinate work with children with educational handicaps. Referrals come from all these sources.

Without the close ties with the educational system the Child Guidance Centre could not operate as efficiently and would be forced to take an entirely different form. In view of the recent government report on the amalgamation of the Social Services it is to be hoped that this consideration will be borne in mind, so that something of value which is a local product suited to local needs and proved over a period of twenty-one years, may be preserved.

## PART TWO

### Case Load

In the first full year the Child Guidance Service dealt with 162 cases. By the end of 1967 the number dealt with had increased to 678. In the past year the number jumped dramatically to 904. Cases referred during 1968 had, incredibly, gone up to 167 per cent. of the previous year. The total number of children helped in 1968, including remedial classes, was 2,597.

These figures should not be taken to mean that there are more problem children in Grimsby and nearby parts of Lindsey. The increase is due, I feel sure, to the increasing awareness of the help we are able to give. Great interest has been aroused by our pioneer work with enuresis and dyslexia. The most encouraging feature is the number of parents who now come to us on the recommendation of a friend or neighbour. In 1968 we were fully staffed for the first time in a number of years and so we coped with the greater numbers. Yet the bare figures conceal the fact that not only have we dealt with 67 per cent. more referrals but also that we are tending to increase the amount of work which goes into each case. More work is going into diagnosis and a greater number have long term help either by our social worker or in therapy groups.

## PART THREE

### Child Guidance Work in Outline

The aim of Child Guidance must be prevention if possible and early diagnosis of the problems that do occur. The numbers of children seen are not alone a guide to the amount of work done. One must also consider the amount of work put into each case. The most frequent criticism of hastily set up Child Guidance Services is that when they do make a diagnosis nothing ever follows. This has never been true in Grimsby and we are still increasing the means of helping the children we see, the form of such help being firmly based on a thorough diagnosis. The work we do is as follows:—

#### A. Preventive Work

This includes general advice to parents and teachers and may take four forms:

1. The provision of an easily accessible Centre for advice to parents and teachers.
2. Lectures and discussion with parent/teacher and other groups interested in mental health and/or education.
3. Advice on new methods derived from psychological or educational research, e.g. I.T.A., teaching machines, new mathematics apparatus, etc.
4. Remedial Teaching in schools for children without severe emotional disorders and advice on remedial teaching. A Remedial Service is an essential part of any Child Guidance Unit since it helps to prevent greater educational failure and brings to the notice of the Service children who are demonstrating early symptoms of maladjustment. Such children are often spotted by their resistance to normal remedial methods and are then referred to the Centre for intensive diagnosis.



## B. Diagnosis

Individual children with problems either *behavioural, emotional or educational* are referred for a diagnosis of their difficulties. Such investigations may involve tests of ability, educational tests, personality tests and observation of individual characteristics. The assessment and diagnosis in most cases involves work with the parents, not only in order to discover details of the child's early history and development but also in order to assess the interpersonal relationships within the family and the ability of the parents to cope with the situation.

## C. Action Based on the Diagnosis

The types of help which can follow on diagnosis are as follows:

1. **Advice** on handling to parents and teachers or recommendations to the Director of Education.
2. **Educational Advice** to schools giving concrete guidance on methods and materials after specific diagnosis of individual difficulties.
3. **Intensive remedial education** by the remedial service or within the Child Guidance Centre.
4. **Individual therapy** for children with emotional, behavioural or educational problems.
5. **Group therapy** for children with emotional, behavioural or educational problems.
6. **Individual work with parents** of such children over a period of time to alter handling and attitudes or to lend support.
7. **Group work with parents** who discuss their problems of handling their children who may or may not be receiving individual therapy.

All these forms of help are offered by the Grimsby Child Guidance Service.

## D. Miscellaneous duties as may appear necessary or are requested by the Director of Education.

## E. Research

When certain problems are dealt with successfully by methods devised locally by a Child Guidance team they often feel it their duty to undertake research to confirm or refute their findings. In Grimsby we are now at the stage where several new lines of thought need to be validated in this way.

# PART FOUR

## ACTIVITIES IN 1968

### Staff Changes

We were shocked at the beginning of the year by the early death of Mrs. Rees-Jones, who was a remedial teacher in our Lindsey area. Remedial Teachers leaving the service were Mrs. Headland and Mrs. Green. Mrs. Ward was transferred from our Grimsby to our Lindsey staff. The Senior Remedial Teacher/Psychological Tester, Mr. T. D. MacKenzie left at the end of the year after more than ten years' service. Vacancies were filled by Mrs. Marlborough, Mrs. Brown and Mrs. Allen.

### Conferences

In our role of advisory service it is essential that we keep up to date with the latest findings in psychology. In the Spring the Assistant Psychologist, Miss Thomis, went to the Conference of the Guild of Teachers of Backward Children and later in the year, in view of the increasing co-operation with the medical services, to a course on the implications of cerebral palsy. I attended a course in London for the same reason. This course was on the psychological implications of deafness, following the attendance by Dr. Haughie of the School Health Service at the complementary course on the medical aspects of the problem.

### Courses and Lectures

Courses were held for new remedial teachers. Two have already been held over periods of six weeks. All new remedial teachers will be expected to take



such training. The *Clinic Experience Scheme* for established remedial teachers continued. By the end of the year the majority had spent a week in the Centre, assisting in the work and learning about our aims and methods. Outside speakers were obtained for four of our *monthly staff meetings* and films related to our work were shown at two other meetings. In May Mr. V. White, of the Yarborough Boys' School, talked to us on the Initial Teaching Alphabet. In June Mr. and Mrs. Du Vivier spoke of their work in the Special Reception Centre. In September Mr. Daniels, Grimsby's New Primary Schools' Adviser, spoke of social relationships within the classroom. In December Sergeant Grey described the Police Liaison Scheme. We are also indebted to Mr. Thouless, who came along on this occasion to give us the benefit of his long experience with delinquent children.

A course on the Organisation of Pre-School Play Groups was held in conjunction with the Grimsby College of Technology. The course was held over two terms and had a membership of thirty-two.

### **Newsletters**

The dissemination of information is an important part of our function. For this reason, from time to time, newsletters have been issued on new developments and addressed to those particularly involved. The need for increased communication in the Social Services is, I feel, an acute one.

### **Co-operation with other Services**

Early in the year co-operation with the School Health Service was strengthened by the co-ordination of monthly visits to the Junior Training Centre and Carnforth E.S.N. School.

### **Training of Educational Psychologists**

An informal approach has been made by the University of Manchester concerning facilities for the training of educational psychologists in the Grimsby Child Guidance Centre.

### **Work at Immingham**

In June a request was made to the Lindsey Authority for a room to be made available for interviews in Immingham in order to increase the amount of work done in the County area. At present children and their parents frequently have to travel to Grimsby. A number of appointments are failed because of the distance involved. It appears that our request was difficult to implement and the idea was reluctantly allowed to drop.

## **PART FIVE**

### **Remedial Teaching Service**

The Remedial Teaching Service has already been described as our roots within the schools and an essential part of our preventive function because it helps children to work up to the level of their ability and so prevents further deterioration. It is a vital need of modern society to make the most of the potential ability of its future citizens, and the Remedial Teaching Service furthers this aim. It takes children out of class in small groups for short sessions, daily if possible, over a fairly short time and ensures that those capable of making progress are enabled to do so. It is not intended for the dull child whose only problem is limited intelligence and who needs more constant attention throughout his school life. The Remedial Service is a valuable investment in the future. Without such skilled help many children whose retardation has now been remedied might have drifted further and further behind until they found themselves in school and in subsequent employment among the dull and illiterate despite their reasonable potential ability. The Remedial Service can be said to have prevented a great deal of the misery and social waste which we no longer tolerate in an age when the individual counts. 948 children were helped in this way last year.

**Details of Remedial Classes**

Remedial Classes were held in the following schools in Grimsby as part of the Child Guidance Service.

Edward  
Fairfield  
Grange Junior  
Harold Secondary Boys'  
Little Coates  
Nunthorpe Boys'  
Old Clee  
St. John's  
St. Mary's  
South Parade  
Strand Junior  
Weelsby Boys' and Girls'  
Welholme Boys' and Girls'  
Welholme Secondary Girls' (Discontinued)  
Yarborough Boys' and Girls'  
(Girls' school discontinued)

**PART SIX****Hospital Classes**

There are two hospital classes, the first of which was set up in Scartho Road Hospital eight years ago. This proved successful and was followed by the class in the Grimsby and District Hospital (General). The aim of these classes is two fold. First, to try to ensure that the children do not fall behind in their school work, and so that they will be able to return to their normal place in the ordinary school. Secondly, to keep the children busy and happy and thereby stop home-sickness and hasten their recovery. In all 398 Grimsby children were helped in this way during 1968.

**PART SEVEN****Statistics Year Ending 31st December, 1968**

Number of cases carried forward from 1967	...	...	261
Number of cases referred during 1968	...	...	443
Number of cases dealt with in 1968	...	...	704
Number of cases closed during 1968	...	...	338
Number of cases open at 31st December, 1968	...	...	323
Number of cases opened and closed in 1968	...	...	178

Total number of girls referred	...	...	...	145
Total number of boys referred	...	...	...	298
				<hr/> 443 <hr/>

**Reason for Referral**

Habit Problems	...	...	...	...	...	59
Emotional Problems	...	...	...	...	...	68
Mental Assessment	...	...	...	...	...	157
Behaviour	...	...	...	...	...	91
Psychiatric Report	...	...	...	...	...	19
Educational Guidance	...	...	...	...	...	35
School Refusal	...	...	...	...	...	9
Other	...	...	...	...	...	10
						<hr/> 443 <hr/>

**Source of Referral**

Parents ... ..	42
Head Teachers ... ..	219
Medical Officer of Health ... ..	30
Director of Education ... ..	51
G.P.s and Consultants ... ..	53
C.O. and Magistrates ... ..	14
Probation Officers ... ..	19
Speech Therapist ... ..	14
Others ... ..	1
	<hr/>
	443
	<hr/>

**Remedial Classes**

Grimsby ... ..	770
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**Hospital Classes**

Scartho Road Hospital ... ..	101
Grimsby and District General Hospital ... ..	297
	<hr/>
	398
	<hr/>

**PART EIGHT****Conclusions**

The help and support given by the Director of Education for Grimsby, Mr. J. E. Shepherd, and his staff is greatly appreciated. A special thank you must be given to the Deputy Director of Education, Mr. W. P. Knight, for his advice and unfailing good humour throughout the year. I welcome the help and co-operation of the Head Teachers, the Director of Education for Lindsey, Mr. G. V. Cooke, the Medical Officer of Health for Lindsey, Dr. C. D. Cormac, and their staff.

I wish to pay a particular tribute to the Medical Officer of Health for Grimsby, Dr. R. Glenn, to whom I feel personally indebted for his wisdom and assistance far in excess of what could reasonably have been expected. The Deputy Medical Officer of Health for Grimsby, Dr. R. G. Haughie, has been extremely helpful and his ready co-operation has been of immense value. To these people and to all the others with whom we have come into professional contact during the year I give my thanks for making the work easier and for making Grimsby such a pleasant place in which to be employed.

It has been a fruitful and exciting year. Much greater use has been made of our services, stretching our resources to the full. In addition to the changes brought in to increase our efficiency in 1967 further improvements have been introduced this year. We have also, we feel, improved our insight into the causes and methods of dealing with problems which had not so far been fully understood in Child Guidance circles. We have a happy and hardworking staff and we look forward to the future with confidence.

**PHYSICAL EDUCATION**

*(Report by Mr. L. R. G. Welham, Organiser of Physical Education)*

The main development in physical education during 1968 was undoubtedly in the sphere of extra-curricular activities. Over past years I have repeatedly stressed that there was scope for much more development of all forms of recreational activity for pupils out of school hours and that this development would take place when adequate facilities were available. The activities undertaken during the year under review have confirmed this to be the case and schools have exploited to the full the added facilities and equipment which have become



available to them. These added facilities have been associated mainly with building developments at secondary level but primary departments have also been able to benefit from these to some lesser extent. The Cleve Sports Hall was time-tabled for use throughout the year from 9.15 a.m. to 4.0 p.m. on a regular weekly basis for four secondary schools and eight primary schools whose own playing facilities were either very restricted or non-existent. These schools were therefore able to carry out a programme of sport far more ambitious than hitherto, thus enabling many more pupils to participate. This hall was also fully used for both primary and secondary inter-school competitions from 4.0 to 6.0 p.m. approximately from Monday to Friday each week. The hall was also fully used each evening by the Cleve Youth Centre and was on occasions in use on Saturdays and Sundays for specific adult club competitions.

In like manner, the Hereford Sports Hall was in use throughout the day by the school and mainly in use by the Evening Institute classes during the evenings. There is no doubt that the erection of these purpose-built sports halls has already been fully justified and has contributed greatly to the increase in sporting activities held during the year.

The new gymnasium and changing rooms at the Havelock School were brought into use for the first time, enabling an efficient physical education programme to be constructed for this school. After years of frustration due to the inadequacy of the old accommodation, a completely new approach to the physical education lesson was possible. It is unnecessary to emphasise the impact that these new buildings and facilities have already had on the outlook of both the P.E. staff and the pupils. An excellent start has already been made, and with the completion of the sports hall and swimming pool in the near future, the facilities at this school should contribute greatly to an expansion in many physical activities for school pupils, youth and adult educational classes. It is unfortunate that for financial reasons the changing facilities were drastically reduced in the final plans for the sports block which includes the gymnasium, sports hall, playing fields and hard playing areas. Whereas the changing accommodation in the gymnasium block has proved adequate for the average P.E. class, the overloading of these two rooms, male and female, already presents an acute problem, when, in addition, pupils change for games periods. Once the sports hall comes into use one single changing room will have to serve three separate areas—the gymnasium, sports hall and playing fields—all of which may frequently be in use at the same time. The present problem will therefore be greatly magnified. The restriction imposed by the lack of these changing facilities might well produce on occasions further problems if the dual use of facilities by school children and adults is adopted since it is highly undesirable for adults and children to use the same changing room simultaneously. It is therefore evident that severe restrictions are going to be placed on the use of facilities simply because of inadequate changing accommodation. The early addition of changing rooms for the sports hall/playing fields should be a major priority.

The closure of the previously wide open fourth side of the Hereford Sports Hall greatly added to its use and at the same time prevented damage by hooligans and other unauthorised users.

The bituturf floor surface, though perfectly satisfactory when open to the elements, is giving some trouble now that the hall is completely enclosed and we are taking advice from the manufacturers on this point. The lighting could be strengthened too with advantage particularly since the hall is now fully used in the evenings.

Some few years ago run-ups for long and high jump pits were dug out at several schools preparatory to surfacing. Owing to subsequent economies, these were never completed yet they are very necessary for this type of event. Grass run-ups sustain very little usage and soon become badly worn and present some

danger, particularly at the point of take-off. Once completed, all-weather run-ups would last for many years with negligible maintenance. If pupils are to reach a high standard in these events, the provision of run-ups must be regarded as important and not an additional extra.

“For high and long jumps, and pole vaulting, the run-ups should be level and constructed as for a hard porous track.”

—(Department of Education and Science Bulletin No. 28:

‘Playing Fields and Hard Surface Areas’).

## Secondary Schools

Once again, a very full programme of activities was carried out in the secondary schools in general, the variety of activity being in the main dependent on the facilities available. Too many to comment upon in detail, the following games and activities figured in the overall scheme of physical education at secondary school level:

Gymnastics	Soccer
Cross country running	Rugby football
Basketball	Tennis
Cricket	Softball
Handball	Athletics
Volleyball	Badminton
Swimming under-diving	Sailing and canoeing
Weight training	Trampolining
Hockey	Golf
Table tennis	Netball
Rounders	Folk dancing
Ballroom dancing	Judo
Archery	Fencing

For obvious reasons, many of these activities could not be taken solely during normal school hours. In fact, a feature of the year's work was the vast amount of time devoted to these activities out of school hours. It cannot be too strongly stressed that scores of our teachers gave hours of their own time to run sports clubs, coach teams, referee matches and take pupils on excursions, not on just an odd occasion but continuously day by day and week by week throughout the year. This was made possible by the ready co-operation of the P.E. staff together with many other members of their school staffs.

A welcome feature was the institution of many more inter-school league fixtures for an additional number of activities. Run on this system, pupils had regular competitive sport in addition to annual championship matches. Leagues were run for the following activities:

Soccer (field)	...	...	5 Leagues — Under 16, 15, 14, 13, 12
Soccer (Sports Hall)	...	...	2 Leagues, 5-a-side — Under 16, 14
Basketball	...	...	2 League — Under 16, 15
Cross country	...	...	2 Leagues — Under 15, 13
Cricket	...	...	1 League
Netball	...	...	2 Leagues — Under 15, 13
Hockey	...	...	2 Leagues — Under 15, 13
Table Tennis	...	...	Some school teams in the Grimsby League

Most schools in addition to the above ran inter-house or inter-form competitions for the above and other games and a series of friendly fixtures for tennis, rounders, volleyball, athletics, rugby football, gymnastics, badminton and swimming were arranged by several schools.

During the normal P.E. gymnasium lesson more girls' schools have introduced Modern Educational Gymnastics and Modern Educational Dance lessons, mainly following the appointment during recent years of several young newly trained teachers. Modern Educational Dance has enabled many girls to obtain

a physical and mental satisfaction of expressive and creative activity well suited to the female form. Some schools have presented Dance Dramas with the choreography worked out by the girls themselves.

It was pleasing to find that the old formal Swedish type of gymnastic lesson was slowly but surely giving way to a more modern approach, this being more marked in the girls' departments. There was, however, a nucleus of enthusiasts interested in Olympic Gymnastics, probably following the television coverage of this highly specialised form of gymnastics. Suitable only for the few skilled performers, apparatus could well be included in future building programmes, particularly where sports centres were planned.

For the first time in the history of the school St. Mary's Roman Catholic Secondary School had male and female specialist physical education teachers on the staff. For many years Mr. T. Johnson was the mainstay of the physical education programme carried out in this school and in particular his training of both boys' and girls' teams enabled this school to participate in inter-school competitions. His experience and guidance will no doubt be of great value to the two young teachers who themselves have much to contribute to the welfare of these pupils.

### **Primary Schools**

There was obviously not the same scope for the development of P.E. at primary level as compared with secondary level. During the year, therefore, the main aim remained that of giving the young pupil a sound basis of general physical activity and experience on which to build in later life. In this respect movement and activity formed the basis of the lesson.

Under the guidance of the teacher practical experience was gained through stimulation, imagination and exploration. The use of small apparatus, climbing apparatus, percussion instruments and radio lessons all assisted in the enrichment and understanding of the development of physical and mental growth of the young child. First working as individuals, gaining experience in initiative, control and courage, the pupils progressed to work in small groups requiring co-operation with others. This led through basic games skills to the formation of team games involving inter-school competitions in netball, association football, rounders and athletics.

During the winter months the Clee Sports Hall was used every Wednesday from 4.0 to 6.0 p.m. for the holding of 5-a-side football matches. There were three leagues involving a total of 24 teams. This competition proved most popular with the junior schools and is likely to grow further.

The new hall at Little Coates Primary Infants' School was brought into use after the installation of modern P.E. apparatus. The children should greatly benefit from this additional building.

After many years of hope and anticipation the new hall at the two Nuns-thorpe Schools was built. With modern changing rooms and showers, this is the first primary school in the Borough to be so equipped. These schools will, I feel sure, greatly benefit from these added amenities which in no small way may help to compensate for the sub-standard huddled accommodation in use for so many years.

The Great Coates Primary Junior and Infants' School became one of the Authority's schools in April. Although consisting of a very small number of pupils arrangements were made for them to take part fully in the swimming programme and exploratory action was taken to obtain an adjacent field for games training.

The Willows Primary Junior School and Primary Infants' School were opened and the former will no doubt participate fully in all forms of physical activities as their numbers increase.

As in the case of the secondary schools, many teachers gave freely of their time to hold clubs or train and referee teams, making use of the playing fields



now attached to many of the primary schools. Their contribution to these after-school activities is much appreciated.

Detailed results of the swimming achievements for the academic year 1967/1968 figured in my Swimming Report presented to the Committee in September and therefore have not been repeated here. The outstanding results were that over 90 per cent. of *all* pupils over the age of ten years were able to swim (7,124 out of 7,947). A total of 2,062 pupils were taught to swim. 3,054 Grade Badges were awarded. 1,414 Personal Survival Awards were gained. 351 Royal Life Saving Society Awards were gained. Nine English Schools' Swimming Association Awards were gained.

The results of the 1968 National Dolphin Swimming Competition for Primary Schools throughout the country were not available for inclusion in my September report. For the first time since its inception in 1963 when only three of our schools entered, I am pleased to report that this year every primary junior school eligible at the time entered this competition (with the exception of the Great Coates Primary School, whose pupils had only completed one term). The comparative annual results shown will indicate the great progress made:

	1963	1964	1965	1966	1967	1968
Number of schools entered	3	10	11	14	17	20
Highest percentage	71.4	92.9	95.6	100.0	100.0(2)	100.0(3)
Lowest percentage	58.8	47.4	43.5	67.5	63.0	67.4

Perhaps two outstanding achievements should be mentioned. With the other pupils of her class, one thalidomide girl aged eight at Nunsthorpe Primary Girls' School, attended the weekly swimming class at the Grimsby Pool commencing September, 1968. This child has been taught to swim and has already gained her first Grade Badge (ability to swim 25 yards).

Of the pupils at Carnforth School 54 were able to swim despite their handicaps. Six Gold Awards, seven Silver Awards and seven Bronze Awards for Personal Survival were gained. The Gold Awards were the first ever gained by this school.

I would wish to pay tribute to the swimming instructors whose enthusiasm and almost fanatical devotion to swimming has enabled this Authority to achieve outstanding swimming results over many years.

The usual summer camp for both primary and secondary schools was again held at the Humberston Y.M.C.A. Camp. The number of requests to attend increased considerably and several schools had to be omitted for this year.

Reference must be made to the excellent work performed by members of the Grimsby, Cleethorpes and District School Sports Association. Concerned mainly with association football and athletics competitions during the early 1950's, the scope of their help has grown in parallel with the general increase in school activities. This voluntary organisation of school teachers has enabled much of the extra-mural competitive sport referred to in this report to be carried on for the benefit of the pupils of this Borough.

In conclusion, the Education Committee have provided many excellent facilities for physical education. I feel these have been greatly appreciated and well used.

### SPEECH THERAPY

*(Report by Miss K. V. Leeson, Speech Therapist)*

The Speech Therapy Service has proved to be in great demand during 1968, particularly with Head Teachers, owing to the long period previously when there was no Speech Therapist, and to the fact that more people are now aware that there is such a service and to realise its significance. A large number of children were referred to the Centre, with the result that a waiting list of 30 children is being carried over into 1969.

New referrals totalled 166 from:					<i>Male</i>	<i>Female</i>	<i>Total</i>
Head Teachers ...	...	...	...	...	47	30	77
Medical Practitioners ...	...	...	...	...	38	13	51
Combined Clinic ...	...	...	...	...	3	1	4
Parents ...	...	...	...	...	5	3	8
Transferred from Hospitals ...	...	...	...	...	10	4	14
Health Visitors ...	...	...	...	...	1	—	1
Child Guidance Centre ...	...	...	...	...	8	2	10
Child Care ...	...	...	...	...	1	—	1
					<hr/>		
					166		

As many new referrals were interviewed as time allowed and disposed thus:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of new cases treated ...	39	15	54
Number kept under observation ...	27	15	42
Number referred to Child Guidance Centre ...	8	1	9
Number transferred to County Therapist ...	7	2	9
Those not requiring therapy ...	6	3	9
			<hr/>
			123
			<hr/>
Number of appointments refused ...	5	3	8
Those discharged after treatment ...	3	2	5
Number of cases carried over from 1967 ...	52	28	80
			<hr/>
Of these: Regular therapy continued ...	19	9	28
Number of children discharged from treatment	22	11	33
Number of children under observation ...	11	8	19
			<hr/>
			80

Total number of children undergoing regular therapy or review — 175.  
These include the following types of defect:

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Dyslalia (disorders of articulation, often with unknown cause) ...	52	25	77
Delayed speech and language development ...	15	9	24
Stammer ...	8	3	11
Cleft Palate ...	8	4	12
Nasality and Dyslalia ...	5	—	5
"S" defect only (interdental and/or lateral) ...	4	7	11
Mild Dysphasia ...	2	1	3
Mild Autism/delayed speech and long development ...	1	1	2
Dysarthria, associated with cerebral palsy ...	8	2	10
Hearing loss/dyslalia ...	10	4	14
Congenital voice disorder ...	1	—	1
Vowel distortion ...	1	1	2
Non-communication, although speech adequate .	1	2	3
			<hr/>
			175

Total number of appointments offered ...	...	1,634
Total number of appointments kept ...	...	1,233
Total number of appointments cancelled ...	...	164
Total number of appointments failed ...	...	237

**Carnforth Day Special School** has been visited regularly one full day per week and total attendances to Speech Therapy reached 385.

There have been 16 new referrals throughout the year; 3 of these were seen prior to admittance to Carnforth, and are kept under observation.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number of new referrals not requiring therapy	7	2	9
Number of new referrals under treatment or review ... ..	2	2	4
Number discharged from treatment throughout year ... ..	5	3	8
Total number under observation ... ..	1	4	5
Total number undergoing regular therapy ...	12	3	15

A second school clinic began in January at **South Parade Infants' School** one morning per week, where there appeared to be a fairly large number of children requiring therapy. This has been most successful, owing to the co-operation of Headmistress and staff, and is to continue into 1969.

A total of 17 children have been seen throughout the year.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Number undergoing regular treatment ...	6	1	7
Number discharged from treatment ... ..	—	2	2
Number under observation ... ..	1	3	4
Treatment suspended when children moved to Junior Department ... ..	4	—	4
			—
			17
			—

Total attendances for the year 183.

A great asset to the Speech Therapy service has been the use of a car allowance which the Education Committee granted in May, 1968. The assistance and co-operation of Head Teachers is invaluable in many cases, and helped by the fact that school visits are now made more efficiently. 15 schools have been visited, with the result that 33 more children were referred to the Centre.

Other visits have been made to Deighton Close School for maladjusted boys in Louth, and also the Unit for partially hearing children in Lincoln. The teacher of the deaf in the Lincoln Unit has been most helpful, as many of the partially hearing children in Grimsby visit her approximately once per month. Since she has the availability of deaf education equipment, the advice and information she is able to give has proved very useful.

Two refresher courses were attended, one in Birmingham and one in Reading. Also a Symposium on Partially Hearing Education and Equipment in Sheffield, and an area conference at the Sheffield Children's Hospital.

#### **Combined Clinic**

The Speech Therapist was invited to attend this consultation, at Milton Road Clinic, in May, since many of the children referred for Speech Therapy also attend the Clinic. This occurs once a month and provides useful information on cases through discussion and examination.

There have been 4 enquiries concerning Speech Therapy as a career, and one student spent several days during the long vacation observing treatment in the Centre.

Proximity to the Child Guidance Department has proved extremely helpful, both in referring children for testing or psychological help and also in obtaining advice and information where a referral is not deemed necessary.

One child was referred to the E.N.T. Department of Scartho Road Hospital, and one regularly visits the Consultant Dental Surgeon there. One child visits the Plastic Surgery Department in Nottingham, while a fourth visits the hearing centre in Manchester once a month.







